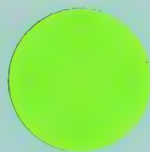


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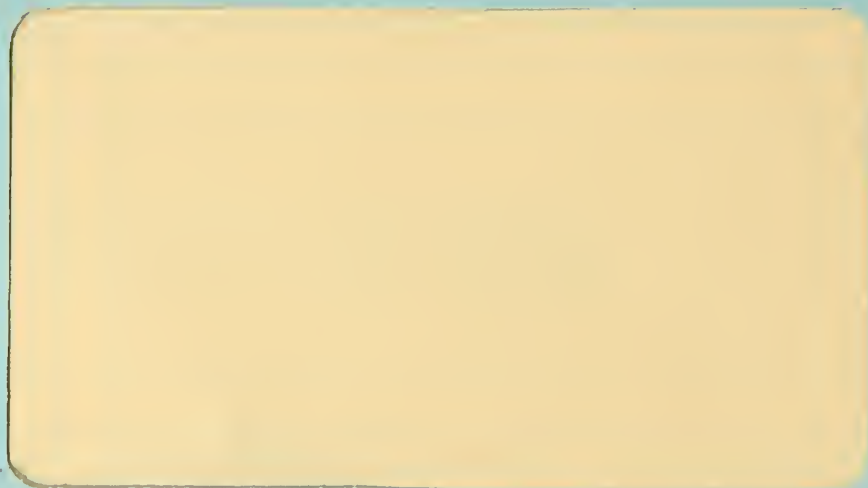


## HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION  
FISCAL YEAR 1991

U.S. Department of Health and Human Services  
Health Care Financing Administration  
Bureau of Data Management and Strategy

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HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION  
FISCAL YEAR 1991





## FOREWORD

This compendium was prepared for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Division of Information Analysis, Office of Statistics and Data Management, with major contributions from various Bureaus and Offices in the Health Care Financing Administration.

Regina McPhillips, Dr.P.H.  
Director  
Bureau of Data Management  
and Strategy

March 1990



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## I. BUDGET OVERVIEW

Information about HCFA relative to the federal and DHHS budgets.

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# HCFA and Total Federal Disbursements

	1989 Actual	1990 Proposed Law	1991	
			Proposed Law	Current Law
Amount in billions				
Gross National Product (current amount)	\$5,153.2	\$5,470.7	\$5,823.0	--
Total Federal Budget <sup>1</sup>	1,142.6	1,194.8	1,233.3	\$1,241.0
Percent of Gross National Product	22.2	21.8	21.2	--
Department of Health and Human Services <sup>1</sup>	401.0	436.8	464.2	469.4
Percent of Total Federal Budget	35.1	36.6	37.6	37.8
HCFA Budget				
Medicare Benefit Payments	94.2	105.4	107.8	113.3
Medicaid Medical Assistance Payments	32.7	38.2	42.9	42.9
State and Local Administration/Training	1.9	2.0	2.0	2.1
HCFA Program Management	1.7	1.9	1.8	1.9
Other Administrative Expenses	0.6	0.7	0.7	0.7
Peer Review Organizations (PROs)	0.1	0.5	0.4	0.4
Survey & Certification Revolving Fund	N/A	N/A	0.5	0.2
Total (unadjusted) <sup>2</sup>	131.3	148.6	156.0	161.4
Offsetting and Proprietary Receipts	-11.6	-11.6	-12.4	-12.1
Total Net of Offsetting and Proprietary Receipts <sup>1</sup>	119.7	137.0	143.6	149.3
Percent of Federal Budget	10.5	11.5	11.6	12.0

<sup>1</sup> Includes off-budget entities, net of offsetting receipts.

<sup>2</sup> Totals do not necessarily equal the sum of rounded components; percents are based on rounded numbers. N/A indicates data are not applicable.

NOTES: Fiscal year data. Data for gross national product are derived from quarterly estimates maintained by the Social Security Administration.

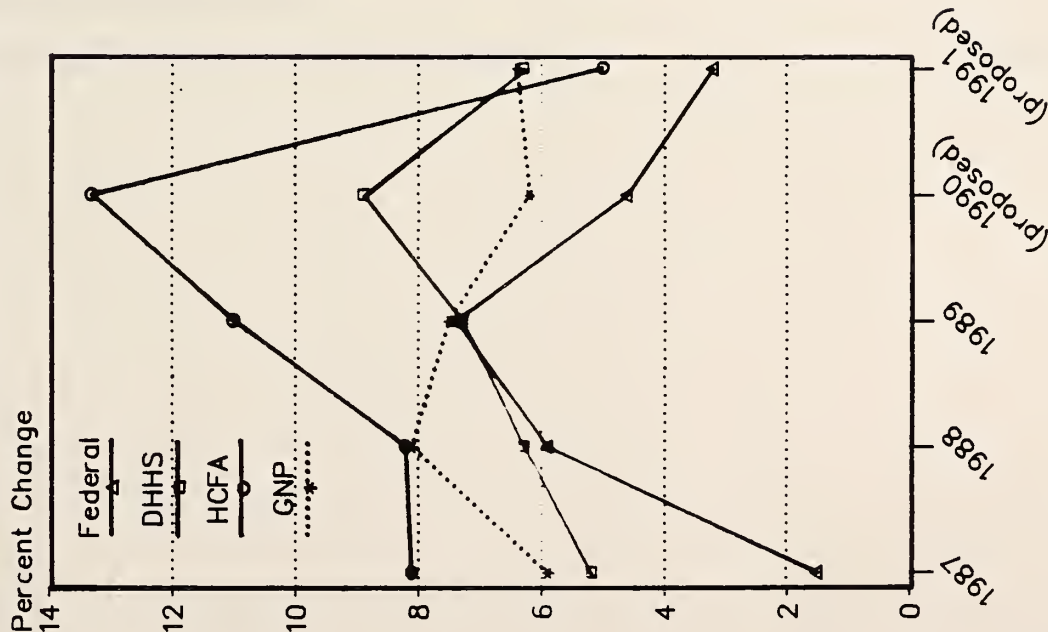
SOURCES: HCFA/OBA and SSA/ORS

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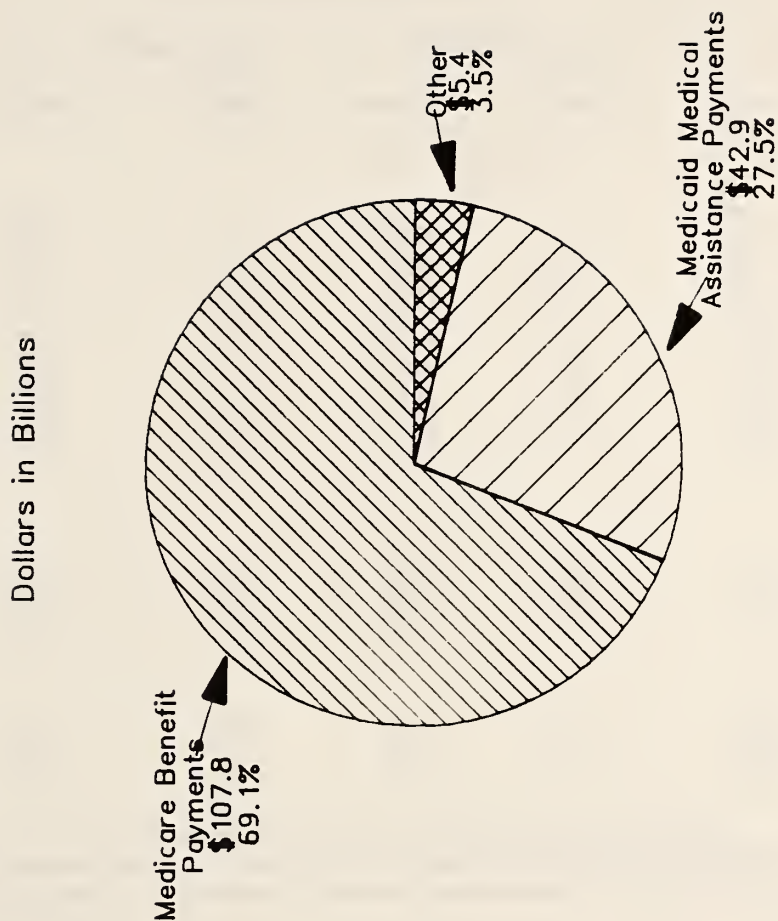




# Annual Percent Increase in Federal, DHHS, and HCFA Budgets Fiscal Years 1987-1991



## HCFA Proposed Budget Fiscal Year 1991





**Program Benefit Payments/Trends**

Fiscal Year	Total		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Percent Change	Amount	Percent Change	Amount	Percent Change
Amount in billions						
Historical						
1980	\$58.0	--	\$33.9	--	\$24.0	--
1981	69.7	20.2	41.3	21.6	28.4	18.3
1982	79.5	14.1	49.1	19.1	30.3	6.7
1983	88.9	11.8	55.6	13.1	33.3	9.9
1984	96.6	8.7	60.9	9.6	35.6	6.9
1985	108.8	12.4	69.5	14.1	39.3	10.2
1986	116.3	7.1	74.0	6.5	42.3	7.7
1987	127.4	9.5	79.8	7.7	47.6	12.6
1988	137.2	7.7	85.5	7.3	51.6	8.4
Budget						
Current law						
1989	152.1	10.9	94.2	10.1	57.9	12.2
1990	172.8	13.6	105.4	11.9	67.5	16.5
1991	188.7	9.2	113.3	7.5	75.4	11.7
Proposed law						
1989	152.1	10.9	94.2	10.1	57.9	12.2
1990	172.8	13.6	105.4	11.9	67.5	16.5
1991	183.2	6.0	107.8	2.3	75.4	11.8

<sup>1</sup>Includes catastrophic benefits for HI in fiscal years 1989 and 1990. Does not include PRO expenditures.

<sup>2</sup>Federal and State combined. Historical data are expenditures (total computable medical assistance payments as reported on HCFA-64 and predecessors). Budget data are preliminary estimates of outlays as reported on HCFA-25 and modified by OBA for legislation and other initiatives.

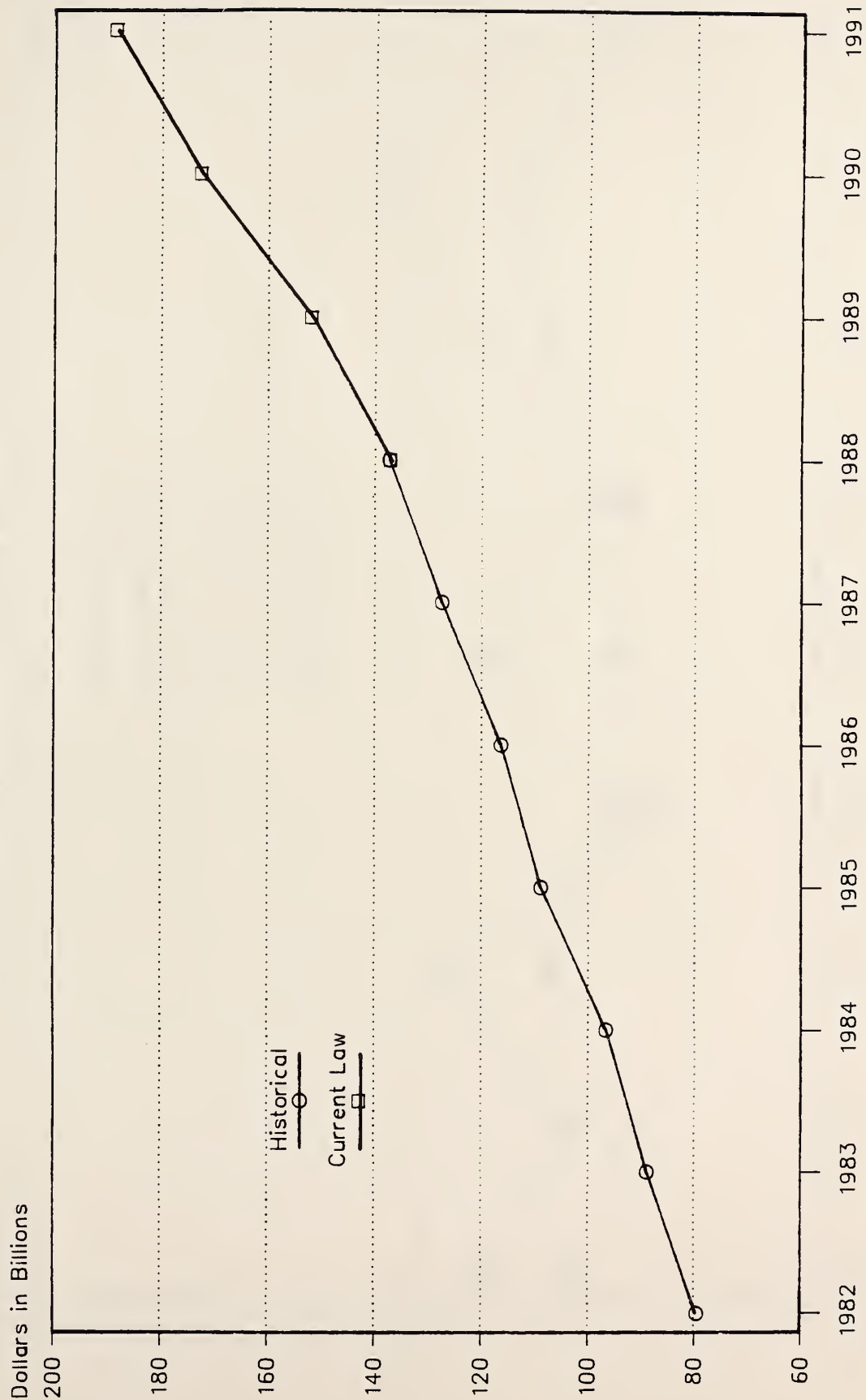
NOTE: Percent change based on rounded numbers.

SOURCE: HCFA/OACT/BQC for historical data and OBA for budget data

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# Trends in Program Benefit Payments Fiscal Years 1982-1991

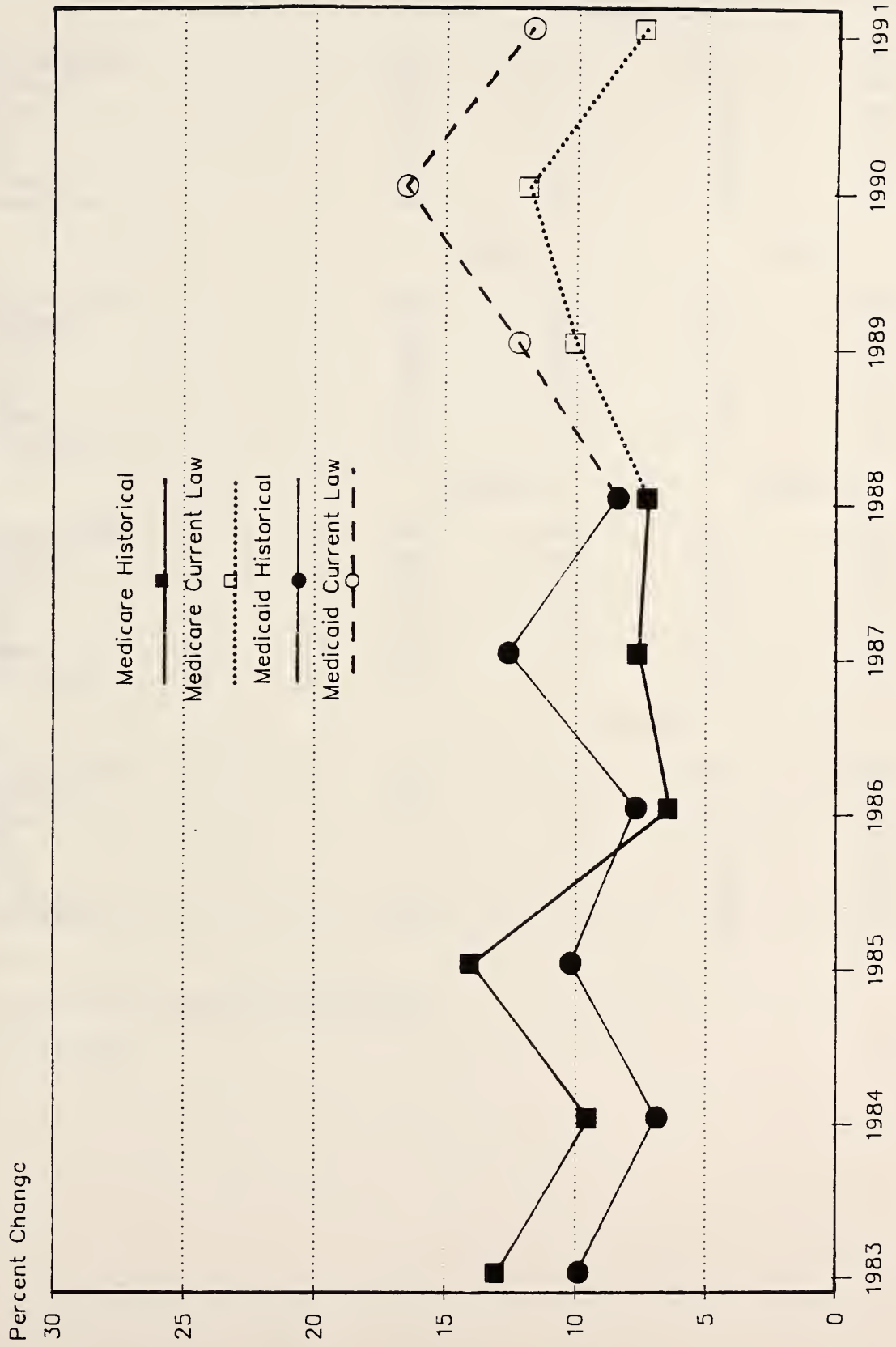


SOURCE: HCFA/OBA/OACT

March 1990



# Percent Change in Program Benefit Payments Fiscal Years 1983-1991







# Benefit Outlays by Program

	1967	1968	1989 <sup>1</sup>	1990 <sup>1</sup>
Amount in billions				
Annually				
HCFA Program Outlays	\$5.1	\$8.4	\$152	\$173
Federal Outlays	N/A	6.7	127	144
Medicare	3.2	5.1	94	105
HI	2.5	3.7	57	62
SMI	0.7	1.4	37	43
Medicaid	1.9	3.3	58	68
Federal Share	N/A	1.6	33	38
In millions				
Monthly				
HCFA Program Outlays	\$423	\$702	\$12.7	\$14.4
Federal Outlays	N/A	561	10.6	12.0
Medicare	264	427	7.8	8.8
HI	209	311	4.8	5.2
SMI	55	116	3.1	3.6
Medicaid	158	275	4.8	5.6
Federal Share	N/A	133	2.7	3.2
In thousands				
Hourly				
HCFA Program Outlays	\$579	\$962	\$17.4	\$19.7
Federal Outlays	N/A	768	14.5	16.4
Medicare	362	585	10.8	12.0
HI	286	426	6.5	7.1
SMI	76	159	4.2	4.9
Medicaid	217	377	6.6	7.7
Federal Share	N/A	183	3.7	4.4
In thousands				
Minutely				
HCFA Program Outlays	\$10	\$16	\$289	\$329
Federal Outlays	N/A	13	241	273
Medicare	6	10	179	200
HI	5	7	109	119
SMI	1	3	70	82
Medicaid	4	6	110	128
Federal Share	N/A	3	62	73

<sup>1</sup>Estimated.

NOTE: Fiscal year data. N/A indicates data are not available.

SOURCE: HCFA/OBA

March 1990



## II. PROSPECTIVE PAYMENT SYSTEM (PPS) ACTIVITY



Medicare Hospital Status Under the Prospective Payment System  
as of September 1989

---

Total Hospitals	6,598
Hospitals under PPS	5,590
Hospitals Receiving Special Consideration:	603
Regional Referral Centers <sup>1</sup>	229
Sole Community Hospitals <sup>1</sup>	374
Non-PPS Hospitals	1,008
Categorically Exempt:	939
Psychiatric	650
Rehabilitation	120
Other Long-Term	88
Children's	59
Christian Science	22
Short-Stay Hospitals in Waiver States or Demonstrations	58
Short-Stay Hospitals in Outlying Areas	3
Cancer Hospitals	8
Total Excluded Units	1,732
Psychiatric	1,104
Rehabilitation	628

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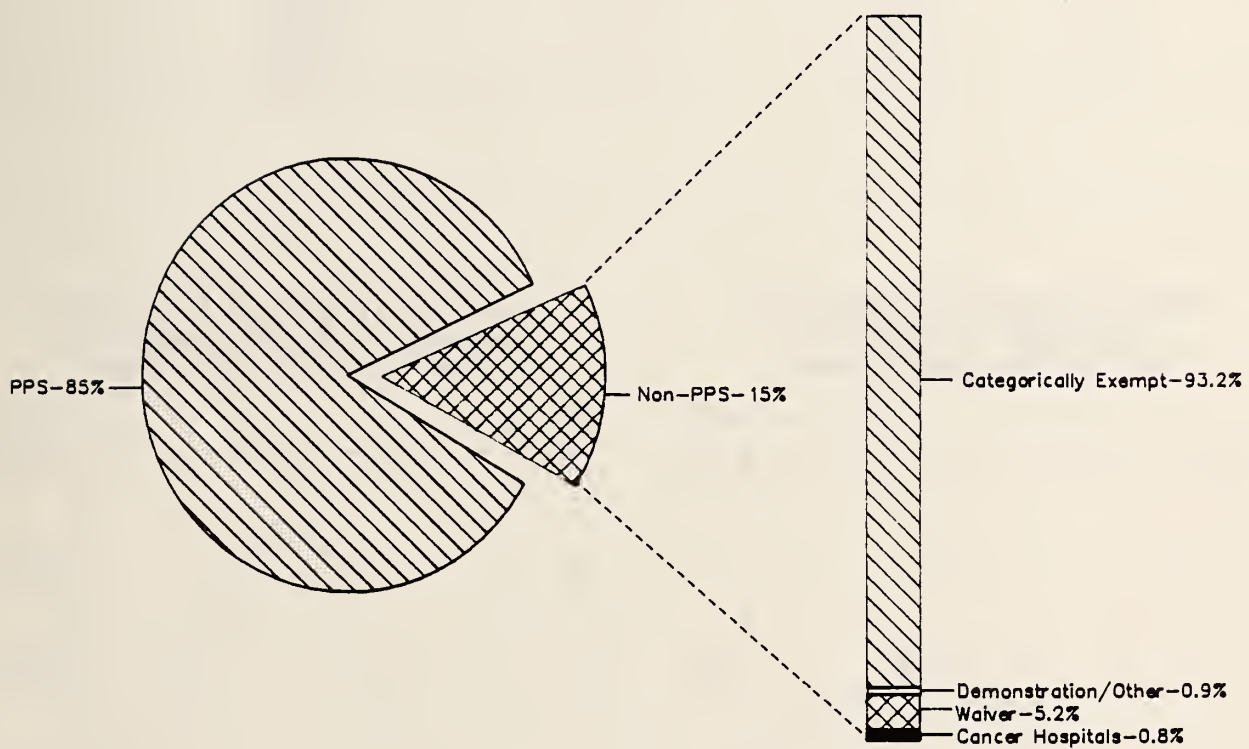
<sup>1</sup>Data as of January 1990.

SOURCE: HCFA/BPD/HSQB/BDMS

March 1990



# Medicare Participating Hospitals by PPS Status and Exclusion Category as of September 1989



6,598 Hospitals

1,008 Hospitals by  
Exclusion Category

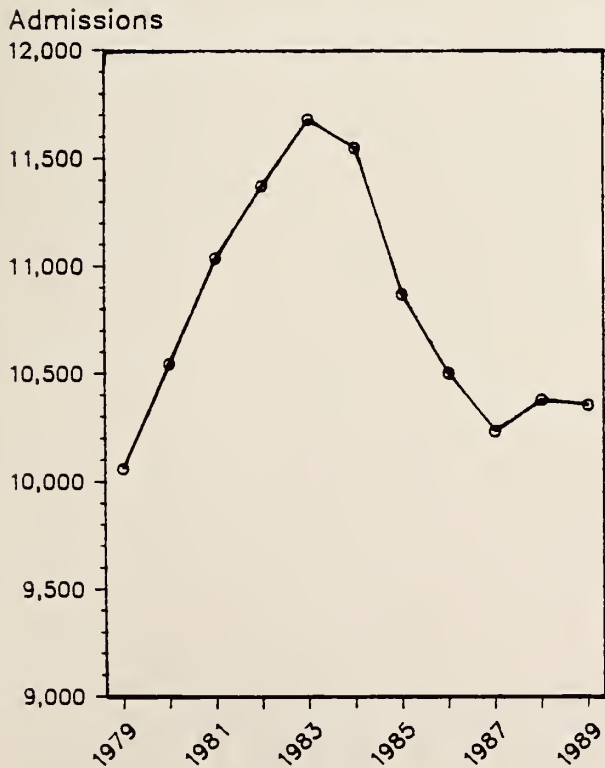




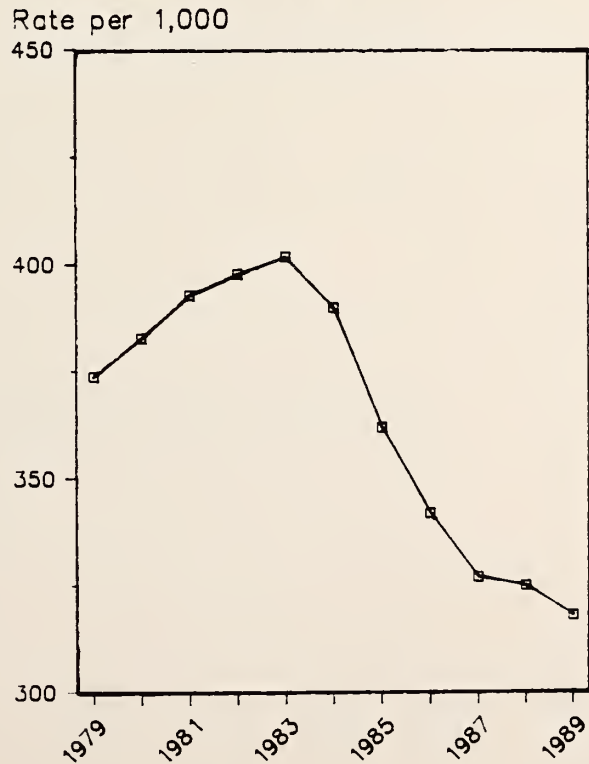
Medicare Inpatient Hospital Admissions/Trends

Fiscal Year	Estimated Inpatient Hospital Admissions and Transfers			
	Number in thousands	Percent Change	Rate per 1,000 Enrolled	Percent Change
1979	10,063	--	374	--
1980	10,550	4.8	383	3.0
1981	11,042	4.7	393	2.6
1982	11,376	3.0	398	1.3
1983	11,684	2.7	402	1.0
1984	11,550	-1.1	390	-3.0
1985	10,871	-5.9	362	-7.2
1986	10,504	-3.4	342	-5.5
1987	10,234	-2.6	327	-4.4
1988	10,381	1.4	325	-0.6
1989	10,357	-0.2	318	-2.2

Estimated Inpatient Hospital Admissions and Transfers  
Fiscal Years 1979-1989



Estimated Admission Rate Per 1,000 Enrolled  
Fiscal Years 1979-1989



SOURCE: HCFA/OACT/BDMS

March 1990



# Medicare Short-Stay Hospital/Average Length of Stay

	1983	1984	1985	1986	1987	1988	1989
All Short-Stay Hospitals	10.0	9.1	8.7	8.7	8.9	8.9	8.8
PPS Only <sup>1</sup>	--	8.0	7.9	<sup>3</sup> 8.2	<sup>4</sup> 8.5	<sup>5</sup> 8.6	<sup>6</sup> 8.5
Non-PPS <sup>2</sup>	10.0	10.1	12.5	13.4	13.4	13.2	12.4
Excluded Units	--	18.0	18.8	19.3	19.8	19.6	19.6

<sup>1</sup>Bills for stays that overlap a hospital's transition into PPS are aggregated and included in PPS. Average length of stay may differ from that based on that portion of stays actually covered by PPS.

<sup>2</sup>Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

<sup>3</sup>Short-stay hospitals in Massachusetts transitioned into PPS beginning September 1985 based on each provider's fiscal year start date. Short-stay hospitals in New York transitioned into PPS on 1/1/86.

<sup>4</sup>On 10/1/87 Short-stay hospitals in Puerto Rico and Alcohol/Drug hospitals transitioned into PPS.

<sup>5</sup>The Rochester, New York demonstration terminated 12/31/87. Hospitals covered by that demonstration were covered by PPS after that date.

<sup>6</sup>Short-stay hospitals in New Jersey transitioned into PPS on 1/1/89.

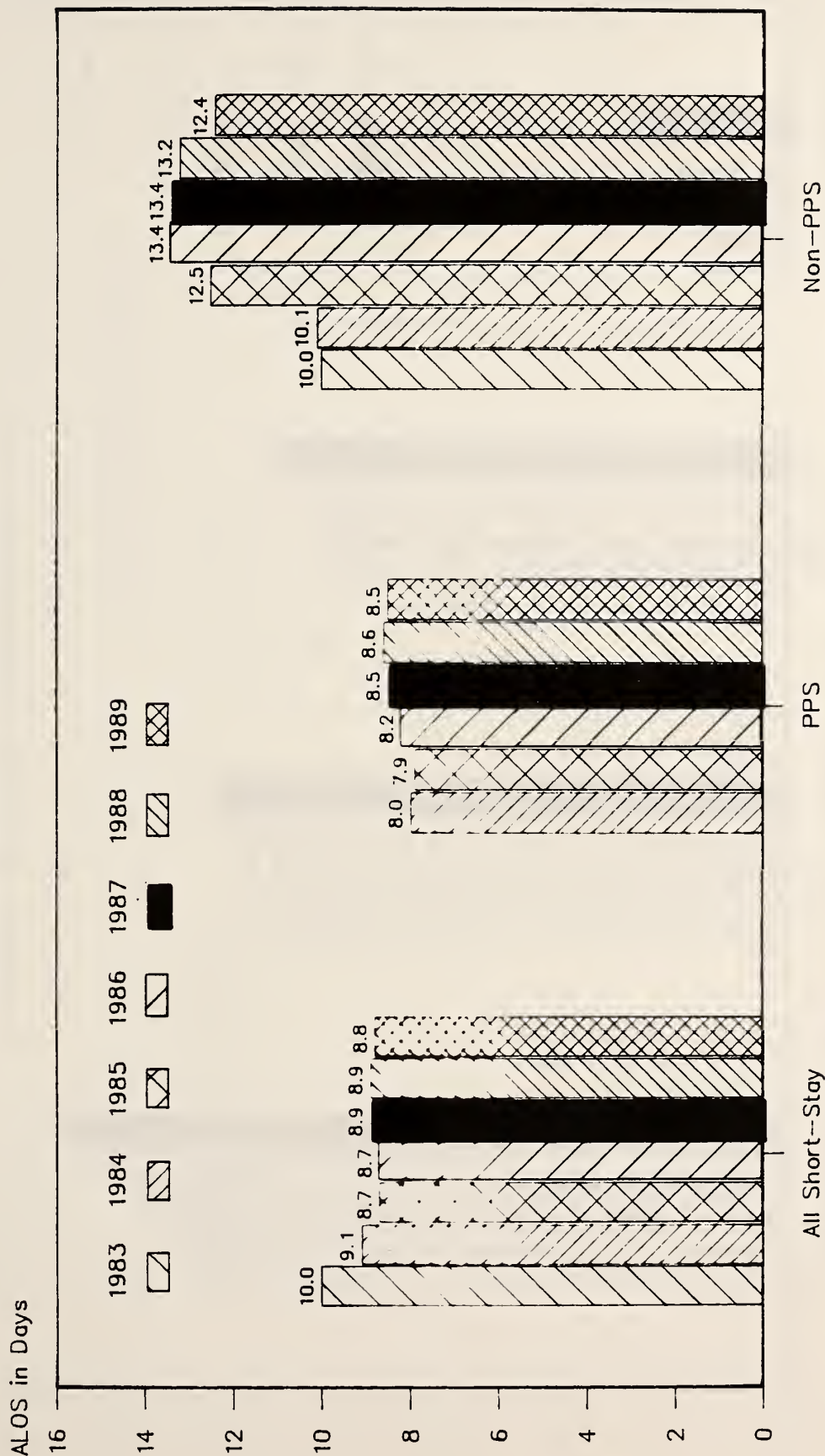
NOTES: Fiscal year data. Average length of stay is shown in days. For all Short-stay, PPS and Non-PPS hospitals, data are based on a 20-percent sample of Medicare HI enrollees (20-percent MEDPAR file). Data for fiscal years 1988 and 1989 are based on a 12/89 update of the file. Data may differ from other sources (for example, discharge bills or 100-percent MEDPAR) or from the same source with a different update cycle.

SOURCE: HCFA/BDMS

March 1990



# Medicare Short-Stay Hospital Average Length of Stay Fiscal Years 1983-1989



NOTE: Based on the 20-percent MEDPAR file.

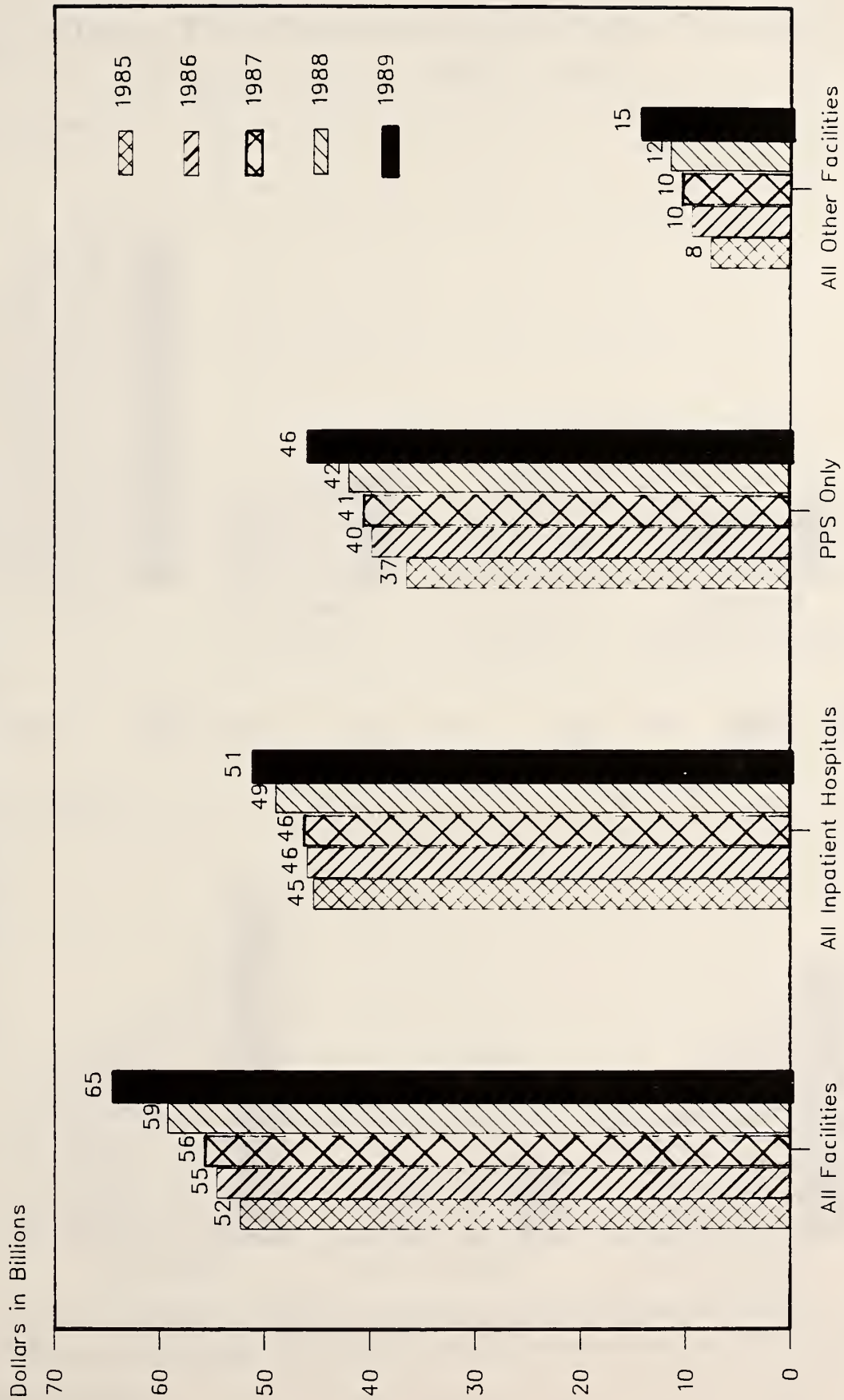
SOURCE: HCFA/BDMS

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# Medicare PPS Benefit Payment Trends Fiscal Years 1985-1989



NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BPO

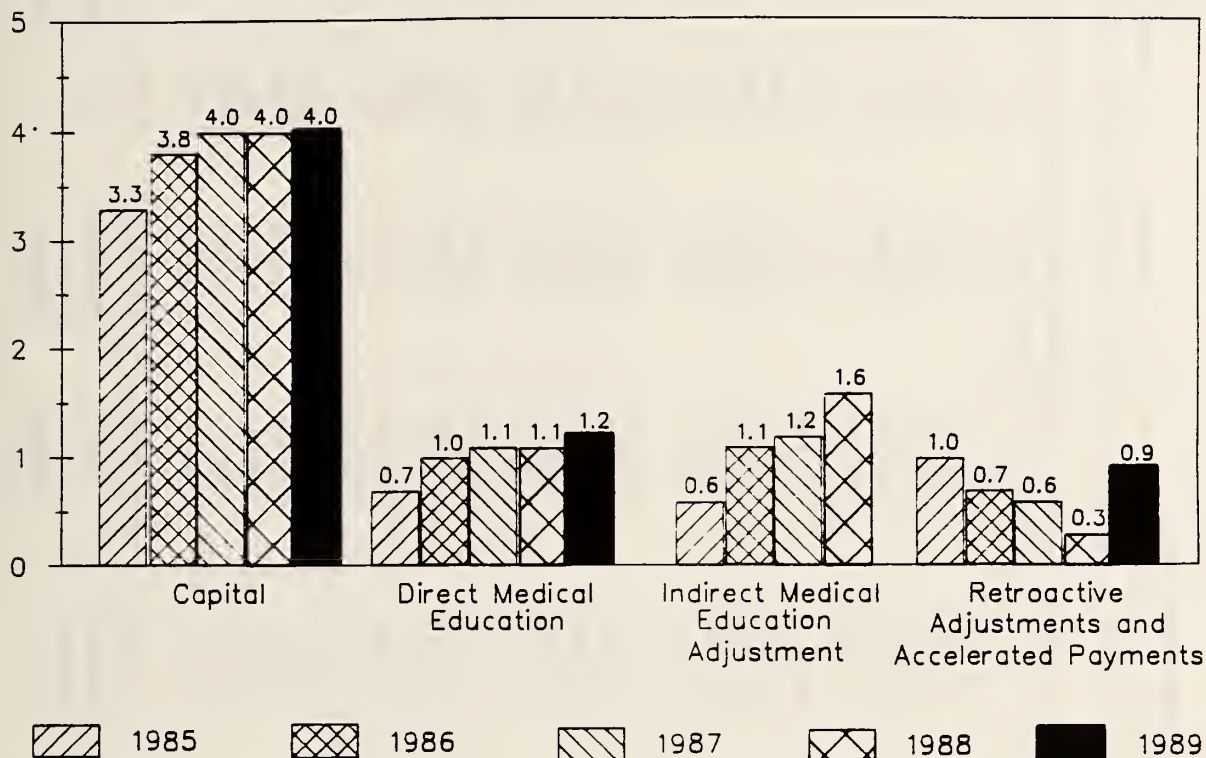
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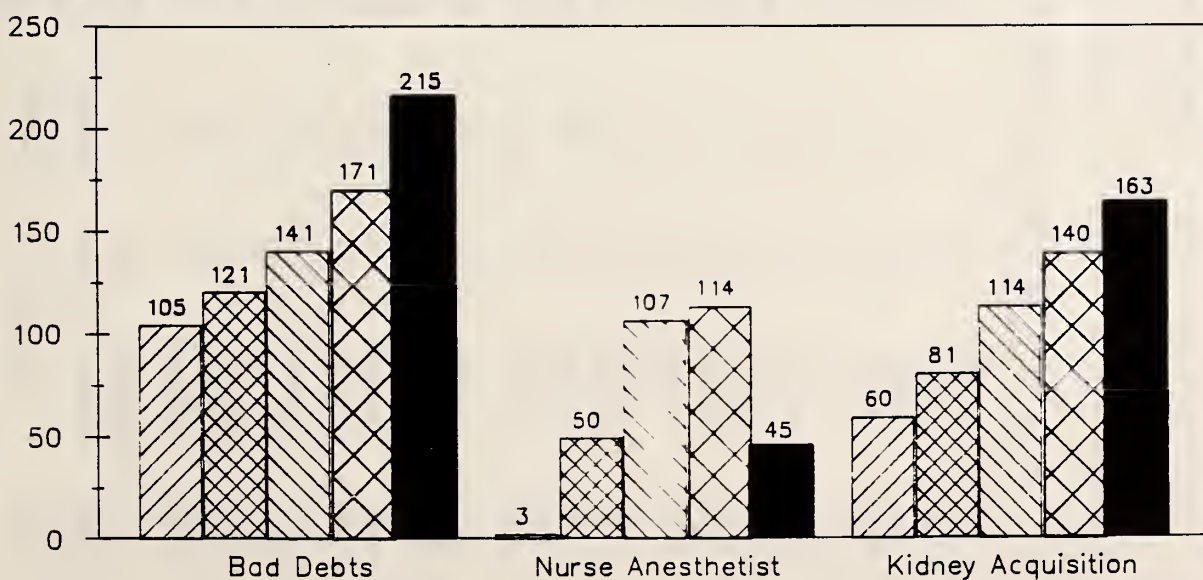


# Non-Billing PPS Reimbursement by Category Fiscal Years 1985-1989

Dollars in Billions



Dollars in Millions



NOTE: Beginning October 1, 1988, the additional payment amount for Indirect Medical Education Adjustment is included in billing reimbursement for PPS hospitals.

SOURCE: HCFA/BPO

March 1990



Medicare Prospective Payment System/DRG Ranking—PPS Bills

FY Rank	DRG No.	DRG Relative Weight	Discharges <sup>1</sup>		Average Length of Stay	Average Charge per Discharge	Total Payments in thousands <sup>2</sup>	Total Medicare Payments in thousands <sup>3</sup>	Beneficiary Payments in thousands <sup>4</sup>	Average Payment <sup>5</sup>		
			Number	Percent						Total	Medicare	Beneficiary
1989	1988											
1	1	1.0169	9,074,010	100.0	8.5	\$8,484	\$47,184,500	\$43,519,784	\$3,664,715	\$5,200	\$4,796	\$404
2	4	1.2059	494,866	5.5	7.9	6,500	1,956,574	1,780,916	175,658	3,954	3,599	355
3	2	0.6387	328,212	3.6	9.0	7,293	1,519,931	1,386,727	133,203	4,631	4,225	406
4	3	1.2260	325,789	3.6	4.7	3,941	756,112	626,819	129,293	2,321	1,924	397
5	5	0.7414	301,421	3.3	10.6	8,032	1,493,474	1,356,620	136,854	4,955	4,501	454
6	6	2.3437	228,509	2.5	6.3	4,760	635,634	547,008	88,627	2,782	2,394	388
7	7	0.9734	200,306	2.2	11.9	15,001	1,752,716	1,654,974	97,743	8,750	8,262	488
8	8	0.9404	199,669	2.2	7.2	5,892	725,935	647,645	78,290	3,636	3,244	392
9	9	0.8707	180,786	2.0	8.6	6,108	688,512	625,565	62,946	3,808	3,460	348
10	11	1.0261	167,134	1.8	6.1	5,377	531,968	466,702	65,265	3,183	2,792	390
11	12	1.6228	135,293	1.5	8.6	6,495	550,852	500,684	50,168	4,072	3,701	371
12	121	1.6228	134,627	1.5	10.1	10,047	782,427	728,726	53,701	5,812	5,413	399
13	174	0.9620	130,910	1.4	7.0	6,139	484,638	432,409	52,228	3,702	3,303	399
14	015	0.6350	127,849	1.4	5.5	4,083	308,844	252,217	56,627	2,416	1,973	443
15	410	0.4890	122,839	1.4	3.5	3,539	242,091	228,368	13,723	1,971	1,859	112
16	148	3.2705	121,693	1.3	17.1	21,643	1,610,541	1,554,169	56,372	13,234	12,771	463
17	122	1.1233	111,177	1.2	7.2	6,879	424,474	378,211	46,263	3,818	3,402	416
18	243	0.6501	111,068	1.2	6.8	4,107	277,746	228,817	48,929	2,501	2,060	441
19	112	1.9106	109,410	1.2	7.1	12,871	809,854	772,466	37,389	7,402	7,060	342
20	079	1.8530	105,120	1.2	12.3	11,493	814,050	776,521	37,529	7,744	7,387	357
21	416	1.5345	103,972	1.1	10.6	9,946	647,108	609,858	37,250	6,224	5,866	358
22	336	0.9827	97,779	1.1	6.4	5,933	367,000	322,868	44,132	3,753	3,302	451
23	143	0.5226	95,292	1.1	3.5	3,231	187,791	147,190	40,601	1,971	1,545	426
24	210	2.0536	95,021	1.0	14.4	13,107	782,239	737,239	45,000	8,232	7,759	474
25	125	0.6874	88,042	1.0	3.1	4,622	227,997	192,417	35,580	2,590	2,186	404
26	124	1.1875	87,262	1.0	6.1	7,958	396,281	363,375	32,905	4,541	4,164	377

<sup>1</sup>Based on the stay records for a 100 percent sample of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file through 12/89.

<sup>2</sup>Total payments represent total hospital revenue for Medicare utilization, including payments and beneficiary obligations. Excluded are payments for no-pay, at-risk HMO utilization and Medicare secondary payer bills.

<sup>3</sup>Pass through amounts are estimated using HCRIS cost reports. A per diem amount is derived and applied to each stay record. Pass throughs include capital related costs, direct medical education costs, bad debts attributed to deductibles and coinsurance amounts related to covered services received by beneficiaries, kidney acquisition costs where appropriate, nurse anesthetists, disproportionate share adjustments, and beginning October 1, 1988, indirect medical education adjustments.

<sup>4</sup>Beneficiary payments are the responsibility of the beneficiary or other third party payer.

<sup>5</sup>Average payments are calculated using actual dollar amounts, not rounded data shown.

SOURCE: HCFA/BDMs

March 1990



Medicare Prospective Payment System/DRG Ranking--PPS Bills

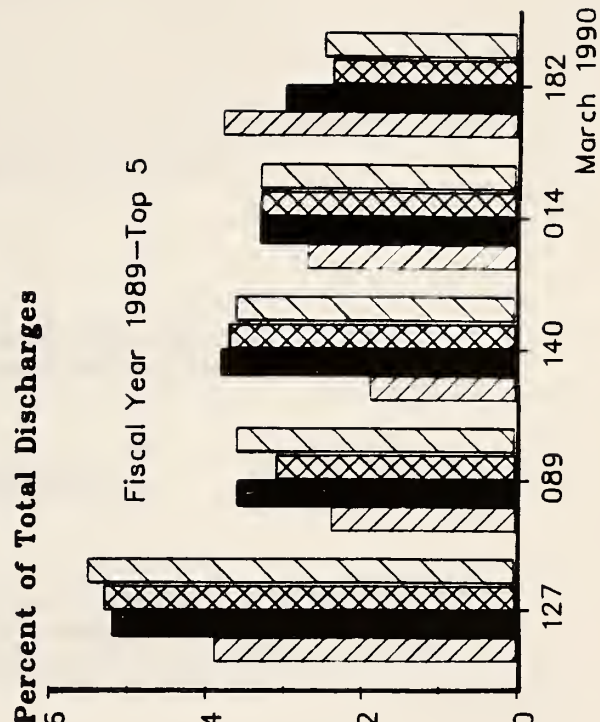
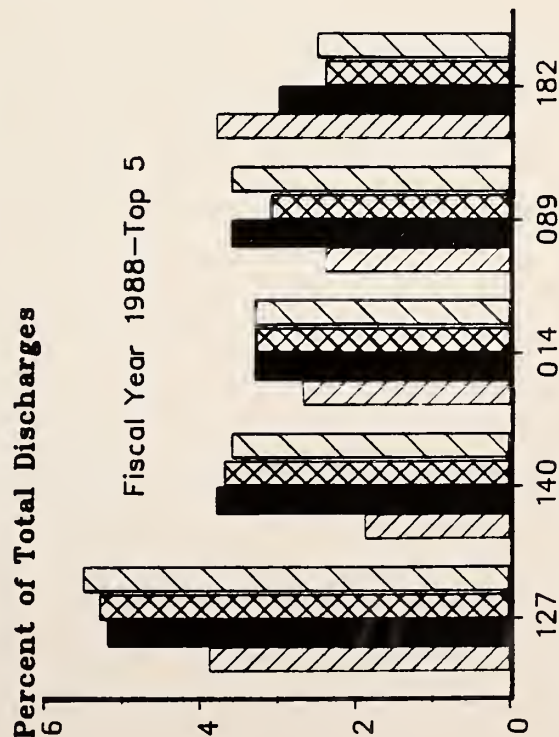
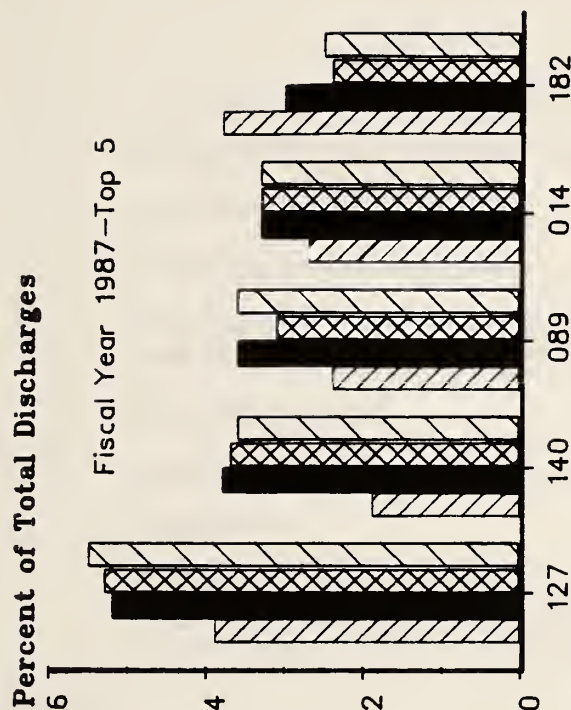
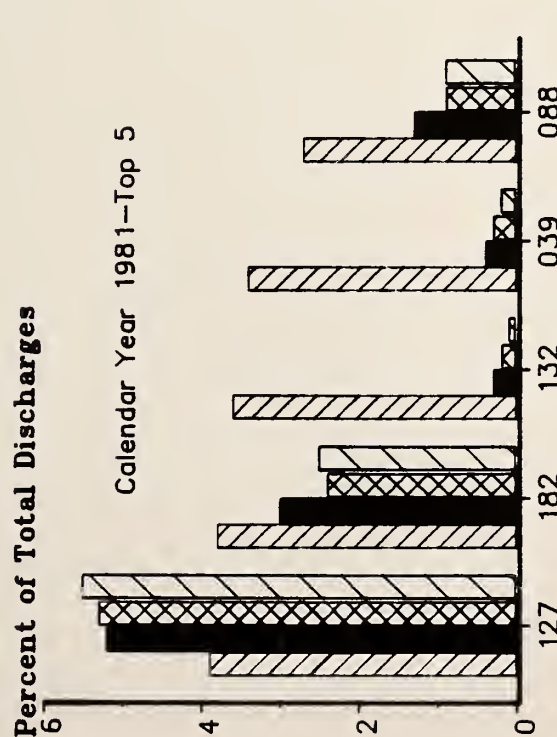
FY Rank 1989	1988	DRG Number	Description
1	1	127	Heart Failure and Shock
2	4	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	2	140	Angina Pectoris
4	3	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
5	5	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
6	6	209	Major Joint and Limb Reattachment Procedures
7	7	096	Bronchitis and Asthma, Age over 17 with Complicating Conditions
8	8	296	Nutritional and Miscellaneous Metabolic Disorders, Age Over 17 with Complicating Conditions
9	9	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
10	11	320	Kidney and Urinary Tract Infections, Age Over 17 with Complicating Conditions
11	12	121	Circulatory Disorders with Acute Myocardial Infarction and Cardiovascular Complications, Discharged Alive
12	13	174	Gastrointestinal Hemorrhage with Complicating Conditions
13	10	015	Transient Ischemic Attack and Precerebral Occlusions
14	15	410	Chemotherapy
15	18	148	Major Small and Large Bowel Procedures with Complicating Conditions
16	16	122	Circulatory Disorders with Acute Myocardial Infarction, without Cardiovascular Complications, Discharges Alive
17	14	243	Medical Back Problems
18	22	112	Vascular Procedures Except Major Reconstruction, without Pump
19	25	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
20	21	416	Septicemia, Age over 17
21	23	336	Transurethral Prostatectomy, with Complicating Conditions
22	26	143	Chest Pain
23	28	210	Hip and Femur Procedures Except Major Joint, Age over 17 With Complicating Conditions
24	19	125	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter without Complex Diagnosis
25	31	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis

NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

March 1990

# Trends in Top 5 DRGs from Calendar Year 1981 and Fiscal Years 1987-1989



SOURCE: HCFA/BDMS



Narrative for Charted DRGs/Calendar Year 1981  
and Fiscal Years 1987-1989

DRG Number	Description
014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
039	Lens Procedures
088	Chronic Obstructive Pulmonary Disease
089	Simple Pneumonia and Pleurisy, Age over 69 and/or Complicating Conditions (FY 1986-87); Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions (FY 1988)
127	Heart Failure and Shock
132	Atherosclerosis, Age over 69 and/or Complicating Conditions
140	Angina Pectoris
182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 69 and/or Complicating Conditions (CY 1981, FY 1986-87); Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions (FY 1988)

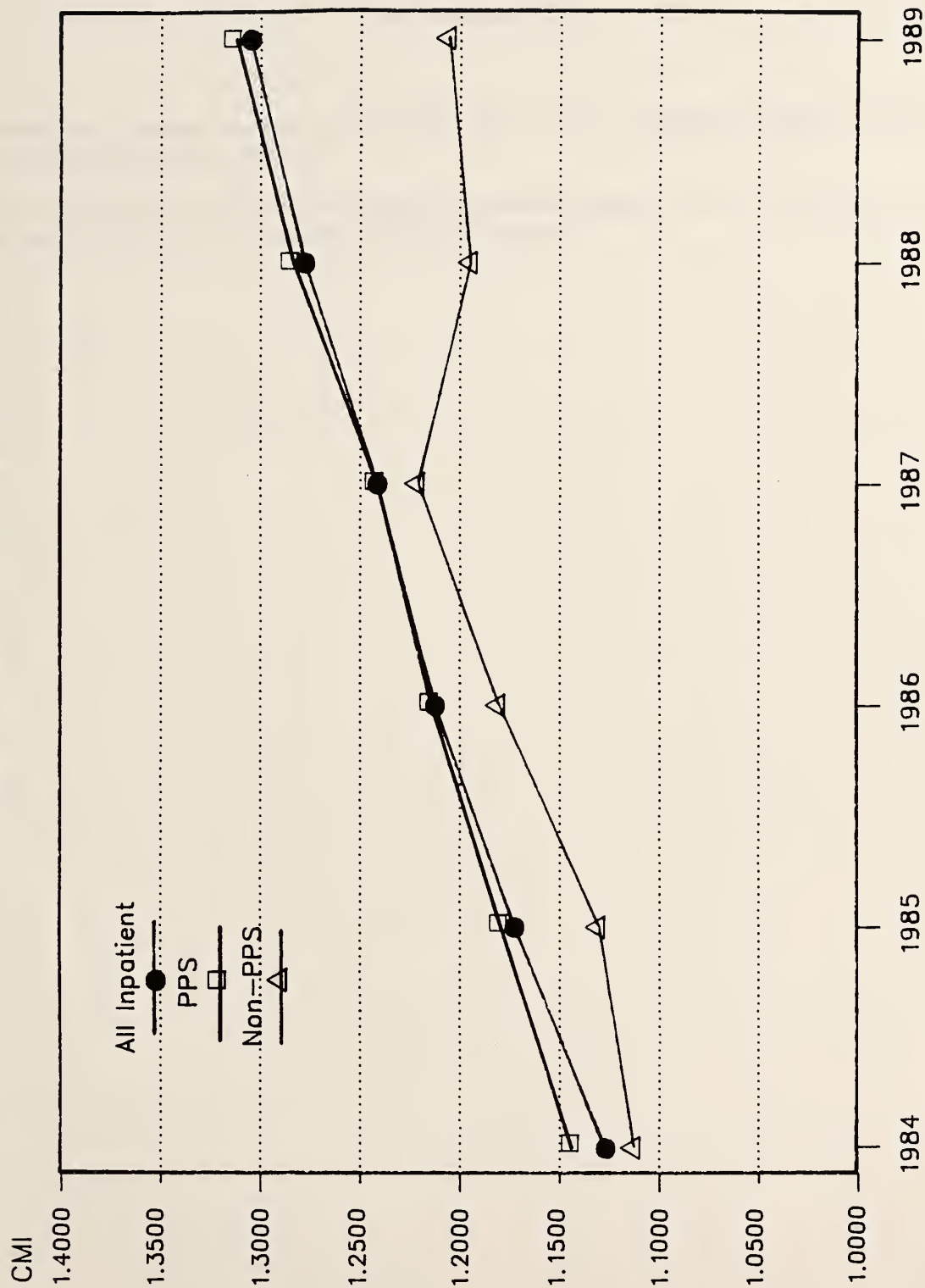
SOURCE: HCFA/BDMS

March 1990





# National Case Mix Index Fiscal Years 1984-1989



NOTE: Based on 20-percent MEDPAR file.

SOURCE: HCFA/BDMS

March 1990



### III. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.



## Health Care Spending Highlights

- o Spending for all health care amounted to \$539.9 billion in 1988 or 11.1 percent of the Gross National Product (GNP).
- o Combined Medicare and Medicaid spending accounted for 27.2 percent of total health care expenditures in 1988.
- o The majority of Medicare expenditures are for hospital care. The majority of Medicaid expenditures are for nursing home care.

National health expenditures have grown more rapidly than the rest of the economy.

- o Between calendar year 1980 and 1988, national health expenditures grew 10.2 percent per year.
- o During the same period, the gross national product grew 7.5 percent per year.
- o National health expenditures have increased as a share of the gross national product, rising from 9.1 percent in calendar year 1980 to 11.1 percent in calendar year 1988.

Various factors affect the increases in health care expenditures.

- o Personal health care expenditures increased from \$218.3 billion in 1980 to \$478.3 billion in 1988.
- o Population growth has continued to contribute about the same proportion of the increase in personal health expenditures.
- o Price inflation (including medical care and general price inflation) continues to be the major factor.
- o From 1980 to 1985, factors other than price or population (for example, more intensive /utilization per person, changes in the types of care rendered, and technological advances) became a decreasing proportion of the increase in personal health care expenditures. From 1987 to 1988, the proportion contributed by these factors was about the same as in the 1975-1980 period.

The composition of health spending has shifted toward hospital and nursing home care.

- o In calendar year 1965, before the implementation of Medicare and Medicaid, hospital care and nursing home care accounted for 33.7 percent and 4.1 percent of national health expenditures, respectively.
- o By calendar year 1988, hospital care consumed 39.2 percent of the health dollar and nursing home care accounted for another 8.0 percent.
- o During the same period, expenditure for research and construction dropped from 8.3 percent of the total to 3.6 percent.

Medical care price indexes continue to increase at a faster rate than the all item Consumer Price Indexes.

- o In recent years, changes in the CPI for all items have lagged considerably behind physicians services and hospital services.
- o In 1989, the CPI for all items increased to 4.8 percent from the preceding year as compared to 7.4 percent for physicians services and 10.1 percent for hospital rooms.

Employment, hours, and earnings in health care establishments have generally grown faster than the general economy, and are less vulnerable to business cycles. However, this trend was reversed in 1984. Since 1986, the relationship has returned to the more normal pattern.

- o Work hours in nonagricultural establishments increased 3.4 percent between 1987 and 1988 compared to an increase of 5.0 percent for health care establishments over the same period.

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HCFA Benefit Payments/Major Program Service Categories  
Fiscal Year 1988

Type of Service	Total Program Payments		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
	Amount in millions					
Total	\$134,414	100.0	\$85,704	100.0	\$48,710	100.0
Inpatient Hospital	62,403	46.4	348,951	57.1	13,452	27.6
Skilled Nursing Facilities	7,074	5.3	720	0.8	6,354	13.0
Other Nursing Home	13,944	10.4	--	--	13,944	28.6
Home Health	4,332	3.2	2,317	2.7	2,015	4.1
Physician Services	29,148	21.7	426,195	30.6	2,953	6.1
Outpatient	8,869	6.6	56,456	7.5	2,413	5.0
Clinic	1,105	0.8	(5)	--	1,105	2.3
Prescribed Drugs	3,294	2.5	--	--	3,294	6.8
Other Care	4,245	3.2	61,065	1.2	73,180	6.5

<sup>1</sup>Estimated.

<sup>2</sup>Vendor payments (Federal and State) from statistical reporting system; excludes premiums and capitation amounts.

<sup>3</sup>Includes PRO expenditures.

<sup>4</sup>Includes physicians, other practitioners, and Part B suppliers (total of \$24,243 million), and group practice prepayment plans (\$1,952 million).

<sup>5</sup>Covered clinic services are included under outpatient.

<sup>6</sup>Independently billing laboratory and hospice.

<sup>7</sup>Includes dental (\$577 million), other practitioners (\$284 million), laboratory and radiological services (\$543 million), family planning services (\$206 million), early periodic screening (\$123 million), rural health clinic services (\$15 million), and other care (\$1,431 million).

NOTE: Percent distribution based on rounded numbers.

SOURCE: HCFA/OACT/BDMS

March 1990



Medicare/Trust Fund Projections

	1989	1990	1991
Amount in millions			
HI Total Disbursements <sup>1</sup>	\$58,238	\$63,769	\$66,694
HI Administrative Expenses <sup>2</sup>	921	1,376	1,342
HI Benefit Payments <sup>3</sup>	57,317	62,393	65,352
Aged	51,258	55,805	58,380
Disabled	6,059	6,588	6,972
SMI Total Disbursements <sup>1</sup>	38,316	44,457	49,420
SMI Administrative Expenses <sup>2</sup>	1,463	1,493	1,510
SMI Benefit Payments	36,853	42,964	47,910
Aged	32,733	38,638	43,123
Disabled	4,120	4,326	4,787

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law. HI and SMI include related catastrophic expenditures. Totals do not necessarily equal the sum of rounded components.

<sup>2</sup> Includes the sum of administrative costs, research, and PROs for both HI and SMI.

<sup>3</sup> Includes HI catastrophic benefit payments in fiscal years 1989 and 1990.

NOTE: Fiscal year data.

SOURCE: HCFA/OBA

March 1990



# Medicare/Type of Benefit

- Medicare benefit payments for inpatient hospital care are projected to increase 6.9 percent from fiscal year 1990 to 1991.
- Physician and supplier payments under Medicare are expected to increase 10.3 percent from fiscal year 1990 to 1991.

	Benefit Payments <sup>1</sup>				Percent Distribution 1991
	1988	1989	1990	1991	
Amount in millions					
Total HI <sup>2</sup>	\$51,858	\$57,317	\$62,393	\$65,352	100.0
Inpatient Hospital	48,787	52,470	56,748	60,683	92.9
Skilled Nursing Facility	720	2,193	2,649	1,377	2.1
Home Health Agency	2,261	2,534	2,816	3,052	4.7
Hospice	90	120	180	240	0.4
Total SMI <sup>2</sup>	33,682	36,853	42,964	47,910	100.0
Physician/Other Suppliers	24,243	26,136	29,986	33,068	69.0
Outpatient	6,456	7,329	8,747	9,985	20.8
Home Health Agency	56	48	70	81	0.2
Group Practice Prepayment	1,952	2,218	2,784	3,154	6.6
Independent Laboratory	975	1,122	1,377	1,622	3.4

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law. Includes HI catastrophic benefits for fiscal years 1989 and 1990.

<sup>2</sup> Excludes PRO expenditures.

NOTES: Fiscal year data. Benefits by type of service are estimated and are subject to change.

SOURCE: HCFA/OACT for fiscal year 1988 and OBA for fiscal years 1989-91.

March 1990

Medicaid/Basis of Eligibility

	Vendor Payments				Percent Distribution
	1985	1986	1987	1988	1988
	Amount in millions				
Total	\$37,508	\$41,005	\$45,050	\$48,710	100.0
Age 65 and over	14,096	15,097	16,037	17,135	35.2
Blind	249	277	309	344	0.7
Disabled	13,203	14,635	16,507	18,250	37.5
Dependent Children under Age 21	4,414	5,135	5,508	5,848	12.0
Adults in Families with Dependent Children	4,746	4,880	5,592	5,883	12.1
Other Title XIX	798	980	1,096	1,250	2.6

NOTES: Fiscal year data. Vendor payments exclude premiums and capitation amounts. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1990

Medicaid Vendor Payments by Type of Service

	1985	1986	1987	1988	Percent Distribution 1988
	Amount in millions				
Total	\$37,508	\$41,005	\$45,050	\$48,710	100.0
Inpatient Services	10,645	11,477	12,711	13,452	27.6
General Hospitals	9,453	10,364	11,302	12,076	24.8
Mental Hospitals	1,192	1,113	1,409	1,375	2.8
Skilled Nursing Facilities	5,071	5,660	5,967	6,354	13.0
ICF Services	10,079	11,247	12,871	13,944	28.6
Mentally Retarded	4,731	5,072	5,591	6,022	12.4
All Other	6,516	6,773	7,280	7,922	16.3
Physician Services	2,346	2,547	2,776	2,953	6.1
Dental Services	458	531	541	577	1.2
Other Practitioner Services	251	252	263	284	0.6
Outpatient Hospital Services	1,789	1,980	2,226	2,413	5.0
Clinic Services	714	807	963	1,105	2.3
Laboratory & Radiological Services	337	424	475	543	1.1
Home Health Services	1,120	1,352	1,690	2,015	4.1
Prescribed Drugs	2,315	2,692	2,988	3,294	6.8
Family Planning Services	195	226	228	206	0.4
Early and Periodic Screening	85	102	115	123	0.3
Rural Health Clinics	7	10	13	15	0.0
Other Care	928	1,100	1,221	1,431	2.9

NOTES: Fiscal year data. Percent distribution based on rounded numbers. Vendor payments exclude premiums and capitation amounts.

SOURCE: HCFA/BDMS

March 1990

Medicaid Expenditures/Type of Service and Basis of Eligibility  
Fiscal Year 1988

	Total Vendor Payments	Inpatient Hospital Services	Other Services	Long-Term Care Services <sup>1</sup>
	Percent Distribution			
All Groups	100.0	24.8	26.6	48.6
Age 65 and over	35.2	2.9	4.2	28.1
Blind and Disabled	38.2	9.4	9.5	19.3
Children under Age 21	14.5	6.7	6.7	1.1
AFDC-type Adults	12.1	5.7	6.3	0.1

<sup>1</sup>Includes services in mental facilities, SNF, ICF, ICF/MR, and Home Health Services.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1990

National Health Care/Type of Expenditure  
Calendar Year 1988

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$539.9	\$2,124	27.2	17.0	10.2
Health Services and Supplies	520.5	2,048	28.2	17.6	10.6
Personal Health Care	478.3	1,882	29.7	18.8	10.9
Hospital Care	211.8	833	37.1	27.5	9.5
Physicians' Services	105.1	414	27.3	23.6	3.6
Nursing Home Care	43.1	169	46.2	1.9	44.4
Other Personal Health Care	118.4	466	12.6	4.9	7.8
Other Services and Supplies	42.2	166	11.5	4.8	6.7
Research/Construction	19.4	76	--	--	--

SOURCE: HCFA/OACT

March 1990

National Health Care/Trends by Type of Expenditures

	National Health Expenditures			Annual Percent Change	
	1988 <sup>1</sup>	1989 <sup>1</sup>	1990 <sup>2</sup>	1988-89	1989-90
	Amount in billions				
Total	\$544.2	\$599.2	\$661.3	10.1	10.4
Health Services and Supplies					
Personal Health Care	519.8	571.7	632.3	10.0	10.6
Hospital Care	478.9	529.8	589.3	10.6	11.2
Physicians' Services	211.0	230.1	252.0	9.1	9.5
Dentists' Services	105.7	119.4	137.3	13.0	15.0
Other Professional Services	30.8	33.7	36.8	9.4	9.2
Consumer Nondurables <sup>3</sup>	23.6	26.6	30.0	12.7	12.8
Consumer Durables	41.9	45.8	49.6	9.3	8.3
Nursing Home Care	10.8	12.9	14.1	19.4	9.3
Other Health Services	43.9	48.8	54.8	11.2	12.3
	11.2	12.5	14.7	11.6	17.6
Program Administration and Net Cost of Insurance	25.0	25.0	35.0	0.0	0.0
Government Public Health Activities	15.9	16.9	18.0	6.3	6.5
Research and Construction of Medical Facilities	24.4	27.5	29.0	12.7	5.5
Research <sup>4</sup>	14.9	17.0	18.1	14.1	6.5
Construction	9.5	10.5	10.9	10.5	3.8

<sup>1</sup>Estimated.

<sup>2</sup>Forecast.

<sup>3</sup>Includes only expenditures for prescription drugs, over-the-counter drugs, and medical sundries dispensed through retail channels. Spending for drugs dispensed in hospitals and by physicians is reported within those cost categories.

<sup>4</sup>Research now includes commercial research activities of drug companies.

NOTES: Calendar year data. Totals do not necessarily equal the sum of rounded components.

SOURCE: U.S. Department of Commerce and International Trade Administration (ITA); estimates and forecasts by ITA.

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HCFA Benefit Payments/Major Personal Health Expenditure Service Categories  
Calendar Year 1988

Type of Service <sup>1</sup>	Total Program Payments		Medicare		Medicaid	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Total	\$142.0	100.0	\$89.7	100.0	\$52.3	100.0
Hospital Care	78.5	55.3	58.3	65.0	20.2	38.6
Physicians' Services	28.6	20.2	24.9	27.7	3.8	7.2
Dentists' Services	0.6	0.4	--	--	0.6	1.2
Other Professional Services <sup>2</sup>	3.4	2.4	2.1	2.3	1.4	2.6
Home Health Care <sup>3</sup>	3.3	2.3	1.8	2.0	1.5	2.8
Drugs and Other Medical Nondurables	3.6	2.6	--	--	3.6	7.0
Vision Products and Other Medical Durables	1.9	1.3	1.9	2.1	--	--
Nursing Home Care	19.9	14.0	0.8	0.9	19.1	36.6
Other Personal Health Care	2.1	1.5	--	--	2.1	4.1

<sup>1</sup>Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital-based ICF-MR and hospital-based home health services appear as hospital care rather than as nursing home care or as home health services.

<sup>2</sup>Other professional services include private-duty nurses, chiropractors, optometrists, and other undesignated health professionals.

<sup>3</sup>Non-facility based home health care and some Medicaid care delivered in home.

NOTES: Payments under the Medicare program are presented in the National Health Accounts on an incurred expense basis. Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments is 56 percent.

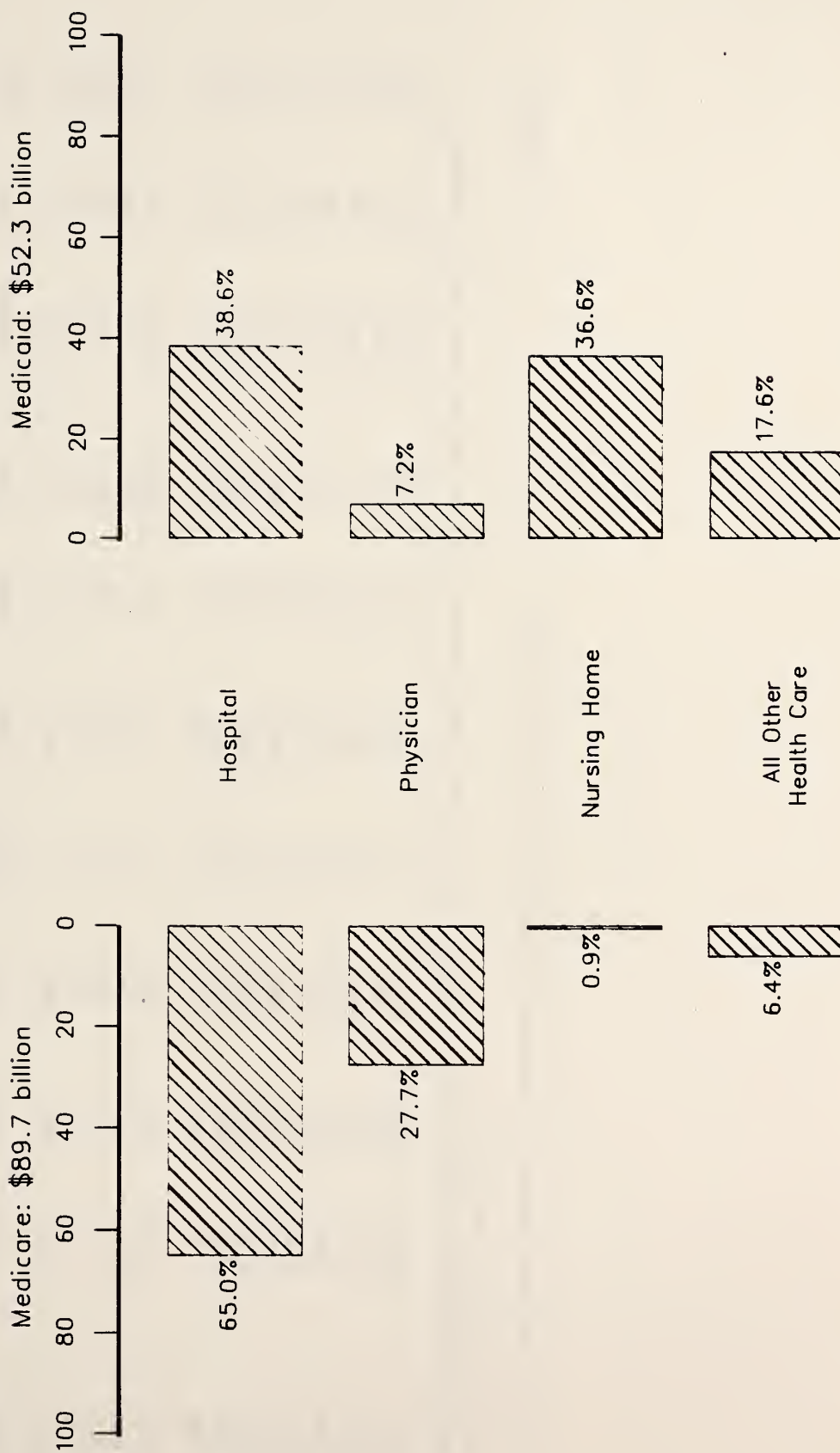
SOURCE: HCFA/OACT

March 1990





# Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service, Calendar Year 1988



SOURCE: HCFA/OACT

March 1990



# National Health Care/Trends in Public Versus Private Funding

Calendar Year	GNP in billions	National Health Expenditures									
		Total			Private Funds			Public Funds			
		Amount in billions	Per Capita	Percent of GNP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total	
1965	\$705	\$41.6	\$204	5.9	\$31.3	\$154	75.3	\$10.3	\$50	24.7	
1966	772	45.9	222	5.9	32.3	157	70.4	13.6	66	29.6	
1967	816	51.7	248	6.3	32.5	156	62.9	19.2	92	37.1	
1970	1,015	74.4	346	7.3	46.7	217	62.8	27.7	129	37.2	
1975	1,598	132.9	592	8.3	77.8	346	58.5	55.1	245	41.5	
1980	2,732	249.1	1,059	9.1	143.9	612	57.8	105.2	447	42.2	
1981	3,053	288.6	1,215	9.5	166.8	702	57.8	121.8	512	42.2	
1982	3,166	323.8	1,349	10.2	189.0	788	58.4	134.8	561	41.6	
1983	3,406	356.1	1,469	10.5	208.5	860	58.5	147.7	609	41.5	
1984	3,772	387.0	1,581	10.3	227.3	929	58.7	159.7	652	41.3	
1985	4,015	420.1	1,700	10.5	245.2	992	58.4	174.9	708	41.6	
1986	4,232	450.5	1,806	10.6	259.8	1,041	57.7	190.7	765	42.3	
1987	4,524	488.8	1,941	10.8	280.5	1,114	57.4	208.3	827	42.6	
1988	4,881	539.9	2,124	11.1	312.4	1,229	57.9	227.5	895	42.1	

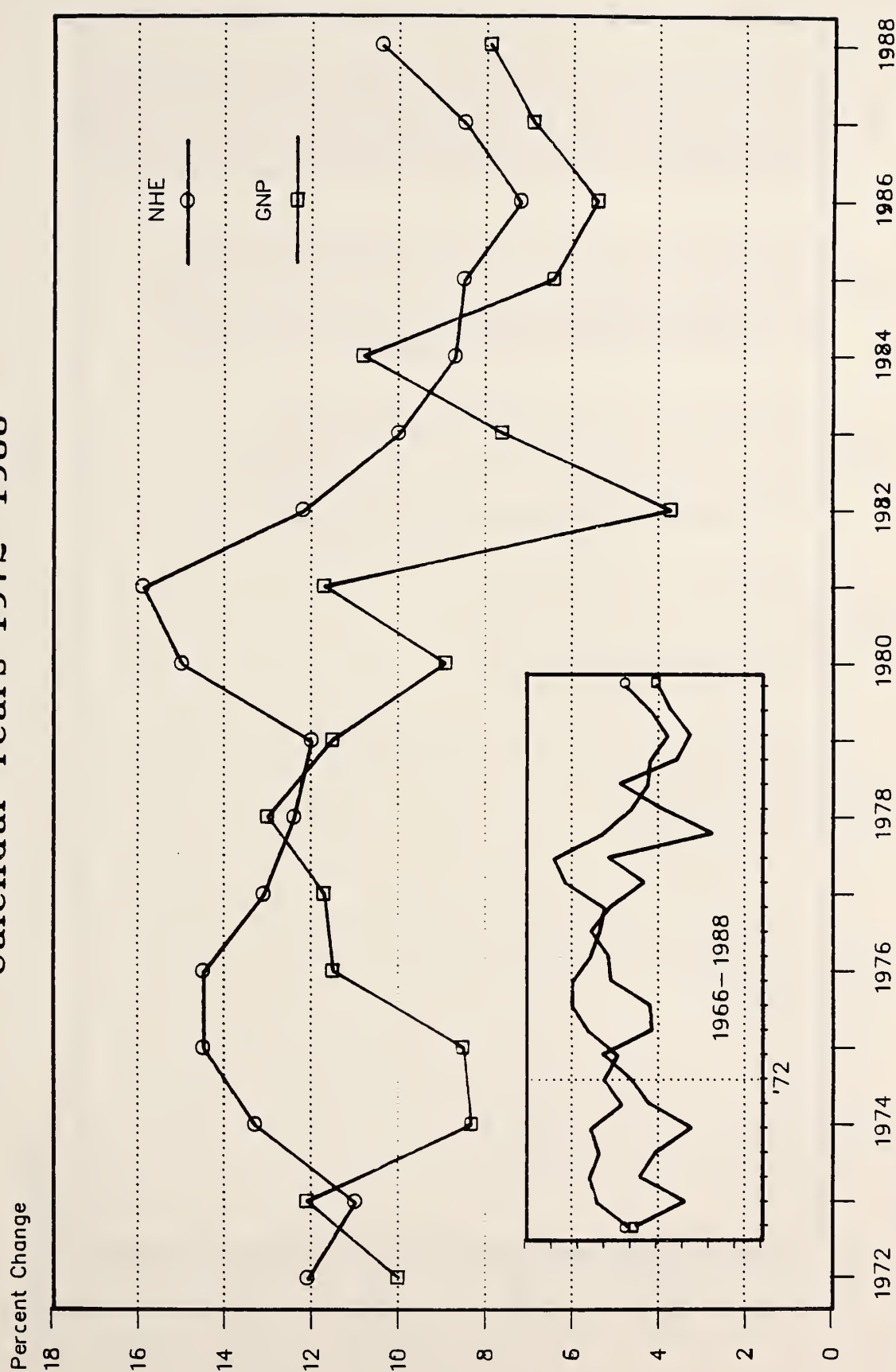
NOTE: These data reflect: 1) Bureau of Economic Analysis' revisions to Gross National Product as of December 1988; and 2) Social Security Administration's revisions to the population as of May 1989.

SOURCE: HCFA/OACT/SSA and U.S. Department of Commerce, Bureau of Economic Analysis

March 1990



# Economic Growth versus Growth in National Health Expenditures Calendar Years 1972-1988



SOURCE: HCFA/OACT

March 1990



# Personal Health Care Expenditures for Selected Calendar Years 1965-1988



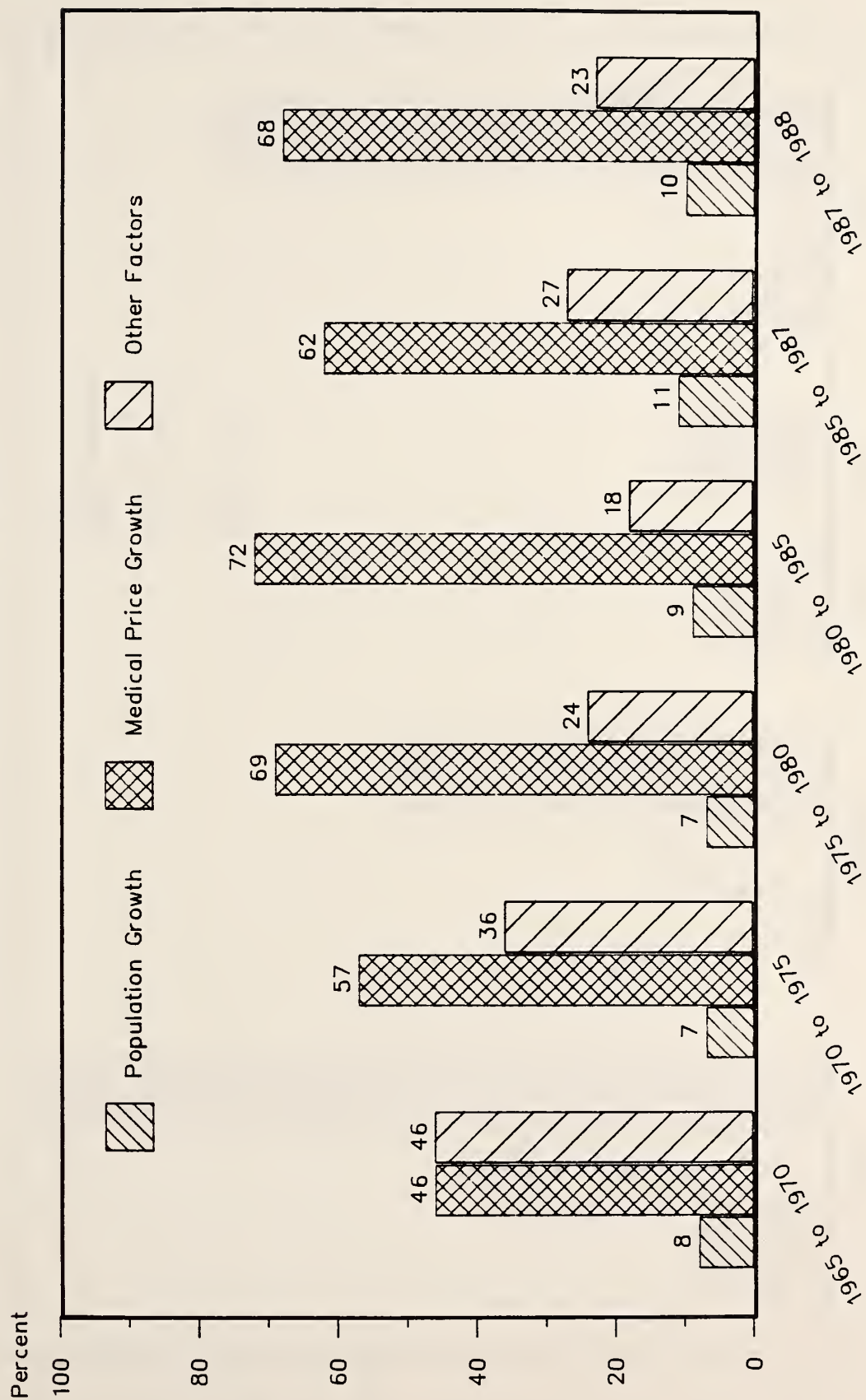
SOURCE: HCFA/OACT

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# Factors Accounting for the Increase of Personal Health Care Expenditures Calendar Years 1965-1988

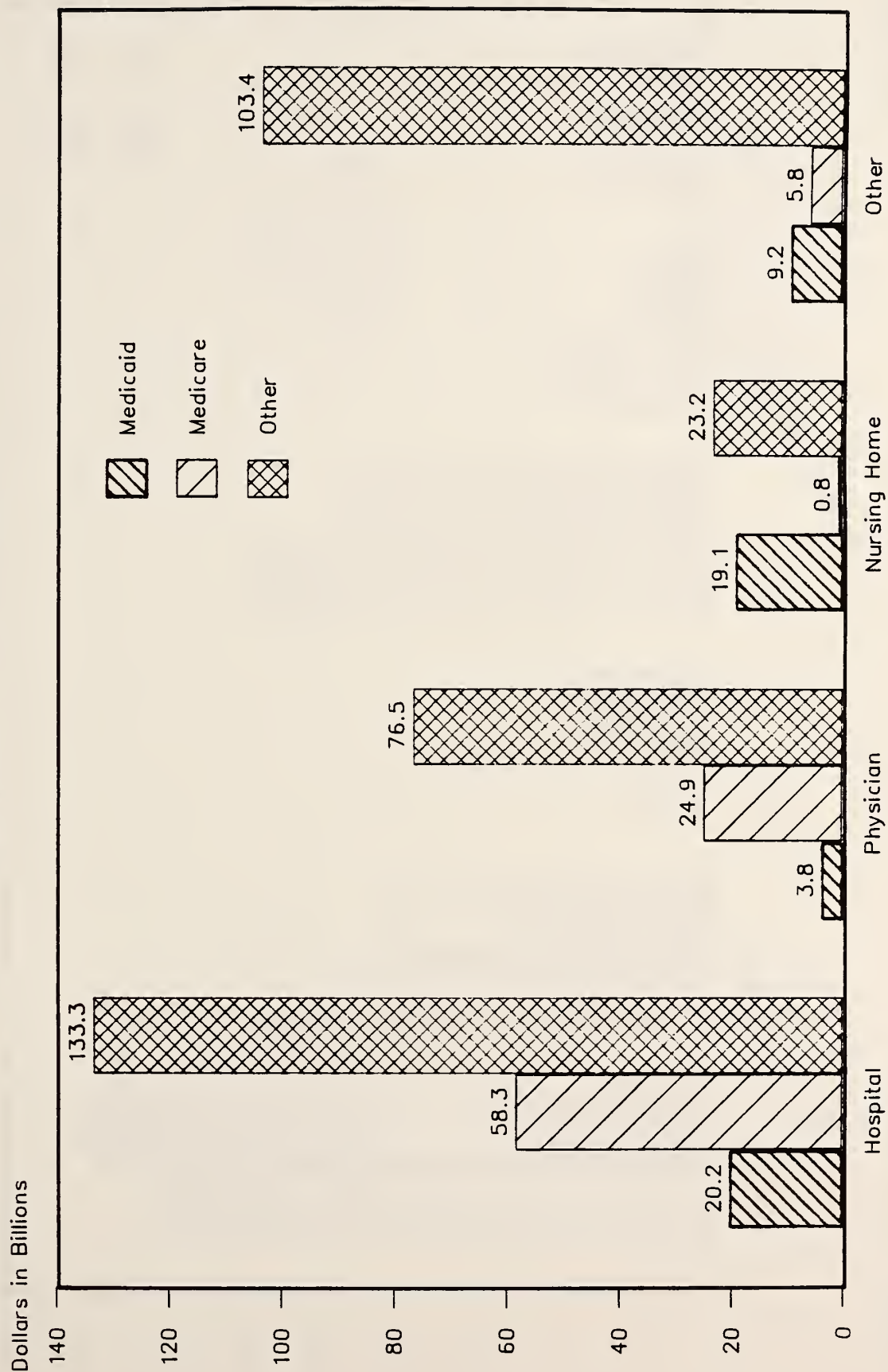


SOURCE: HCFA/OACT

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# Medicaid, Medicare, and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1988

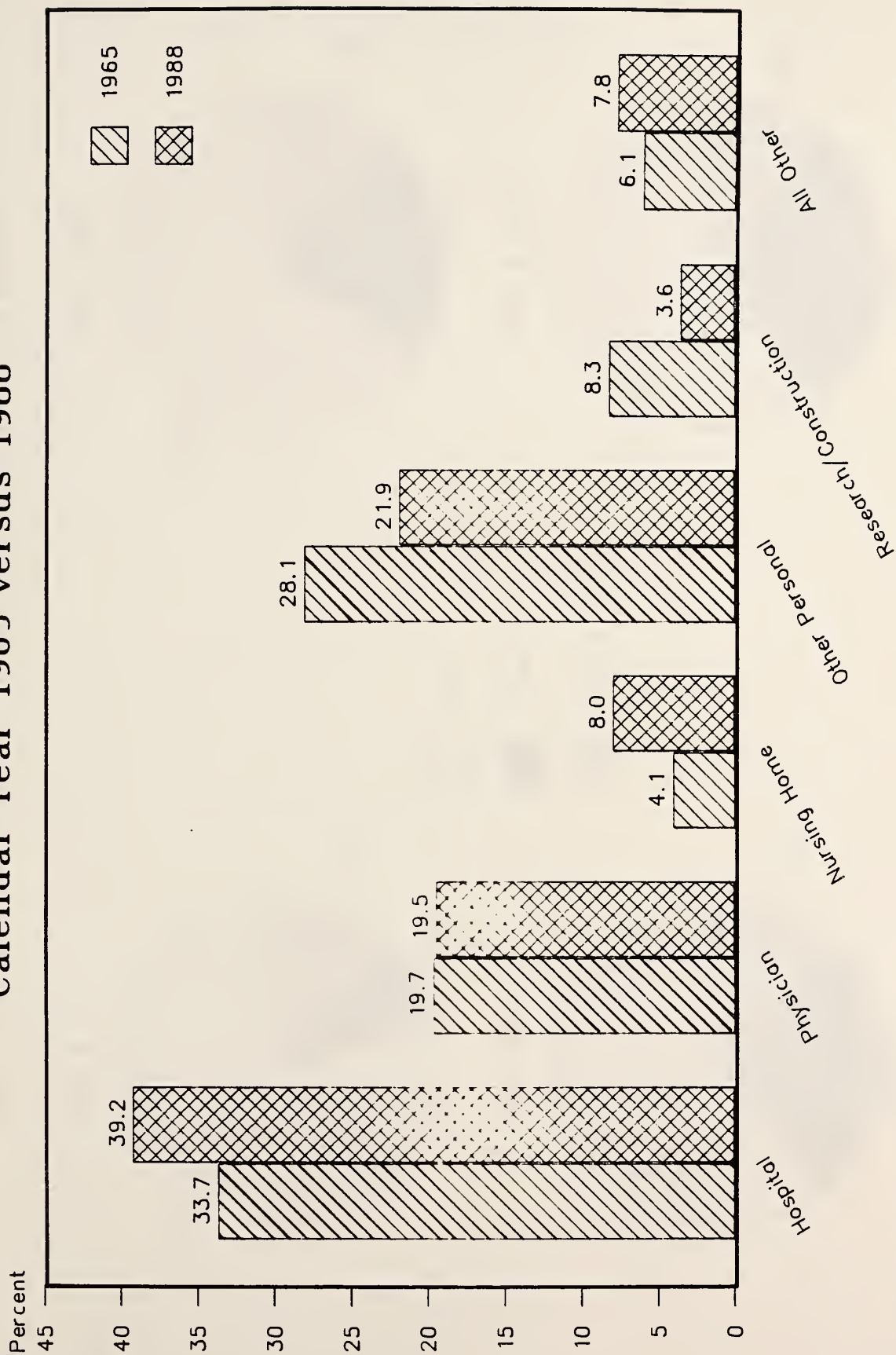


SOURCE: HCFA/OACT

March 1990



# Percent of National Health Expenditures by Type of Service Calendar Year 1965 versus 1988



SOURCE: HCFA/OACT

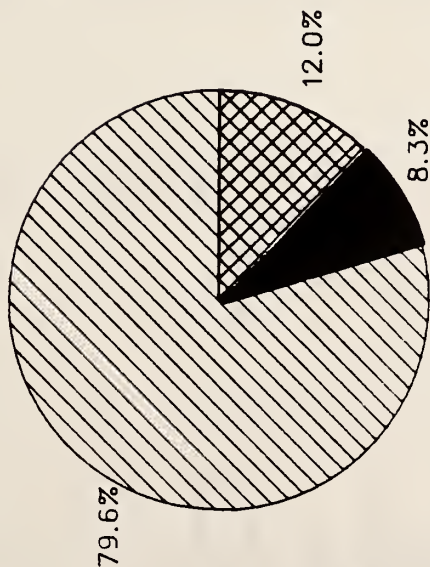
March 1990



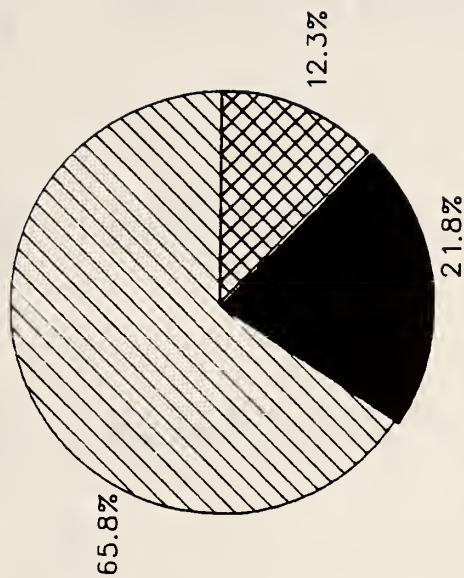


# Per Capita Personal Health Care Expenditures by Source of Funds, Selected Calendar Years

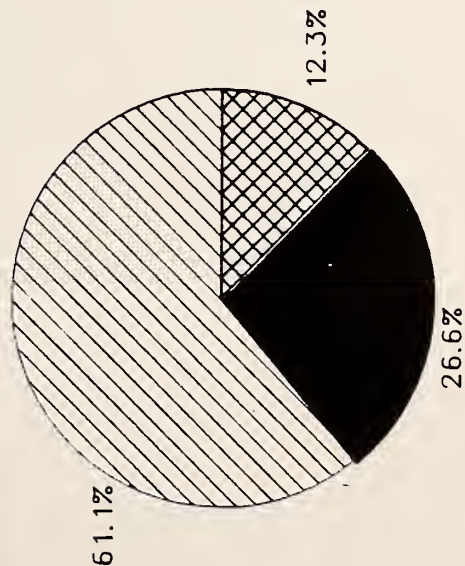
1965: \$175



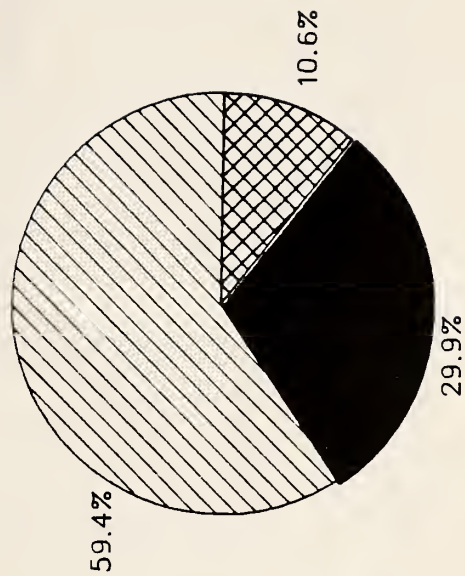
1967: \$214



1975: \$519



1988: \$1,882







National Health Care/Source of Funds

	1965	1970	1975	1980	1985	1987	1988
Total in billions	\$41.6	\$74.4	\$132.9	\$249.1	\$420.1	\$488.8	\$539.9
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private funds	75.3	62.8	58.5	57.8	58.4	57.4	57.9
Out-of-Pocket	45.7	34.4	29.0	23.5	21.8	21.0	21.0
Private health insurance	24.0	22.5	24.8	29.5	31.9	32.0	32.4
Other Private	5.5	5.9	4.8	4.8	4.6	4.5	4.5
Federal government	11.6	23.9	27.4	28.9	29.4	29.5	29.2
Medicare	--	10.3	12.3	15.1	17.1	17.1	17.0
Federal Medicaid	--	3.8	5.6	5.8	5.5	5.7	5.8
Other Federal	11.6	9.8	9.5	8.0	6.8	6.7	6.4
State/local government	13.2	13.3	14.1	13.3	12.2	13.2	12.9
State Medicaid	--	3.3	4.6	4.7	4.4	4.7	4.5
Other State/local	13.2	10.0	9.5	8.6	7.8	8.5	8.4

NOTE: Calendar year data.

SOURCE: HCFA/OACT

March 1990

Personal Health Care/Payment Source

	1965	1970	1975	1980	1985	1987	1988
Total in billions	\$35.6	\$64.9	\$116.6	\$218.3	\$367.2	\$434.7	\$478.3
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	65.4	61.1	60.1	59.6	59.1	59.4
Direct Patient Payments	53.4	39.5	33.1	26.8	25.0	23.6	23.7
Private Health Insurance	24.3	23.4	25.6	29.9	31.1	32.2	32.4
Other	1.9	2.6	2.5	3.5	3.5	3.4	3.3
Public Funds	20.4	34.6	38.9	39.9	40.4	40.9	40.6
Federal	8.3	22.6	26.6	29.1	30.4	30.1	29.9
State and Local	12.0	12.0	12.3	10.8	10.0	10.8	10.6

NOTE: Calendar year data.

SOURCE: HCFA/OACT

March 1990

National/Medical Care Price Indicators  
(1982-1984 = 100)

Fiscal Year <sup>1</sup> Yr. Ending June:	CPI		Medical Care										Medical Care Commodities	
	All Items		All Services		Medical Care Services								Medical Care Commodities	
	Less Medical		Less Medical		Hospital and Related Services								Medical Care Commodities	
	Total	Total	Total	Total	Total	Total	Hospital Room <sup>2</sup>	Inpatient Services	Outpatient Services	Physicians' Services	Total	Total	Prescription Drugs	Total
Percent Change from Preceding Year <sup>3</sup>														
1965	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1966	2.2	2.2	2.8	2.6	3.0	3.7	6.6	--	--	4.3	-0.0	-0.6	--	-0.6
1967	3.2	2.9	4.7	4.0	6.4	7.9	17.6	--	--	7.4	0.0	-0.9	--	-0.9
1968	3.3	3.1	4.2	3.8	6.4	8.0	16.1	--	--	6.1	-0.2	-2.0	--	-2.0
1969	4.9	4.8	6.3	6.1	6.5	7.6	13.5	--	--	5.9	-0.5	-0.4	--	-0.4
1970	5.9	5.8	7.6	7.6	6.4	7.4	12.8	--	--	7.4	1.5	1.9	--	1.9
1971	5.2	5.1	7.3	7.1	7.0	7.7	13.3	--	--	7.6	2.5	0.5	--	0.5
1972	3.6	3.5	4.5	4.4	4.7	5.3	9.4	--	--	5.1	0.9	0.3	--	0.3
1973	4.0	4.1	3.5	3.5	3.1	3.6	5.1	--	--	2.6	0.1	-0.8	--	-0.8
1974	8.9	9.2	6.5	6.5	5.7	6.4	5.9	--	--	5.0	1.0	0.5	--	0.5
1975	11.1	11.0	10.8	10.3	12.5	13.3	16.5	--	--	12.8	7.0	5.0	--	5.0
1976	7.1	6.9	8.5	8.0	10.2	10.6	15.2	--	--	11.4	7.2	5.8	--	5.8
Sept:														
1977	6.1	5.8	7.6	7.2	9.7	10.2	11.9	--	--	9.6	6.2	5.5	--	5.5
1978	7.0	7.0	8.1	8.0	8.5	8.7	10.6	--	--	8.5	7.0	7.6	--	7.6
1979	10.3	10.4	10.2	10.3	9.1	9.5	11.9	--	--	8.9	7.1	7.7	--	7.7
1980	13.6	13.7	15.1	15.5	10.7	11.1	12.5	--	--	10.2	8.7	8.6	--	8.6
1981	11.1	11.1	13.1	13.4	10.3	10.3	14.3	--	--	10.8	10.6	10.7	--	10.7
1982	7.4	7.2	11.1	11.1	11.9	12.1	16.4	--	--	10.3	10.6	11.9	--	11.9
1983	3.5	3.2	3.9	3.2	9.8	9.9	12.4	--	--	7.8	9.2	11.5	--	11.5
1984	4.1	3.9	4.8	4.7	6.4	6.2	8.8	--	--	7.3	7.4	9.6	--	9.6
1985	3.7	3.5	5.2	5.1	6.1	5.9	6.7	--	--	5.8	7.3	9.8	--	9.8
1986	2.5	2.2	5.1	4.8	7.3	7.4	5.3	--	--	6.9	6.7	8.7	--	8.7
1987	2.9	2.6	4.2	3.9	7.0	7.2	7.3	--	--	7.6	6.4	8.1	--	8.1
1988	4.1	4.0	4.4	4.3	6.3	6.2	8.4	--	--	7.0	6.9	8.0	--	8.0
1989	4.8	4.6	4.9	4.7	7.3	7.2	10.1	13.0	10.4	7.4	7.5	8.4	--	8.4

<sup>1</sup> Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>2</sup> Revised title. Years prior to January 1978 reflect semi-private room charges.

<sup>3</sup> Based on sum of monthly figures for given years.

SOURCE: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

March 1990

National/Medical Care Price Indicators  
(1982-1984 = 100)

Fiscal Year <sup>1</sup> Yr. Ending June:	CPI			Medical Care										Medical Care Commodities	
				All Services					Medical Care Services						
				Hospital and Related Services					Other						
	Total	Less Medical	Less Medical	Total	Less Medical	Total	Total	Total	Hospital Room <sup>2</sup>	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs	Total
Average Annual Index															
1965	31.2	31.7	27.0	26.3	27.0	24.9	22.3	--	<sup>3</sup> 11.9	--	--	<sup>3</sup> 24.6	45.0	48.0	45.0
1966	31.9	32.4	27.7	27.0	27.7	25.6	23.1	--	12.7	--	--	25.6	45.0	47.7	45.0
1967	32.9	33.3	28.9	28.2	28.9	27.2	25.0	--	14.9	--	--	27.5	45.0	47.3	45.0
1968	34.0	34.4	29.9	29.4	29.9	29.0	27.0	--	17.3	--	--	29.2	44.9	46.4	44.9
1969	35.7	36.0	31.8	31.3	31.8	30.9	29.0	--	19.7	--	--	30.9	45.2	46.2	45.2
1970	37.8	38.1	34.2	33.7	34.2	32.9	31.2	--	22.2	--	--	33.2	45.8	47.1	45.8
1971	39.7	40.0	36.6	36.1	36.6	35.1	33.6	--	25.1	--	--	35.7	47.0	47.3	47.0
1972	41.1	41.4	38.2	37.8	38.2	36.8	35.4	--	27.5	--	--	37.6	47.4	47.4	47.4
1973	42.8	43.1	39.6	39.1	39.6	37.9	36.6	--	28.9	--	--	38.5	47.4	47.1	47.4
1974	46.6	47.1	42.2	41.6	42.2	40.1	39.0	--	30.6	--	--	40.5	47.9	47.3	47.9
1975	51.8	52.3	46.5	46.1	46.5	45.1	44.2	--	35.6	--	--	45.6	51.3	49.7	51.3
1976	55.5	55.9	50.2	50.0	50.2	49.7	48.9	--	41.0	--	--	50.9	54.9	52.6	54.9
Sept:															
1977	59.6	59.9	54.9	54.9	54.9	55.7	55.1	--	47.4	--	--	57.3	59.2	56.2	59.2
1978	63.8	64.0	59.3	59.4	59.3	60.5	59.9	--	52.4	--	--	62.1	63.3	60.5	63.3
1979	70.4	70.7	65.5	65.5	65.5	66.0	65.6	59.4	58.6	--	--	67.7	67.8	65.2	67.8
1980	80.0	80.4	75.6	75.4	75.6	73.0	72.9	66.9	65.8	--	--	74.6	73.6	70.8	73.6
1981	88.9	89.3	85.8	85.3	85.8	80.6	80.4	76.4	75.2	--	--	82.6	81.5	78.4	81.5
1982	95.4	95.8	93.3	94.8	93.3	90.2	90.2	87.6	87.5	--	--	91.1	90.1	87.7	90.1
1983	98.8	98.8	98.4	98.5	98.4	99.0	99.1	98.1	98.3	--	--	98.3	98.4	97.8	98.4
1984	102.8	102.7	103.0	103.2	103.0	105.3	105.2	107.2	107.0	--	--	105.4	105.6	107.2	105.6
1985	106.6	106.3	108.3	108.6	108.3	111.7	111.4	114.7	114.1	--	--	111.5	113.3	117.6	113.3
1986	109.3	108.6	113.5	114.1	113.5	119.8	119.6	121.0	120.2	--	--	119.2	120.9	127.8	120.9
1987	112.4	111.4	117.9	118.9	117.9	128.2	128.1	129.4	128.9	--	--	128.3	128.7	138.1	128.7
1988	117.0	115.8	122.9	124.2	122.9	136.4	136.1	140.3	139.8	110.8	110.0	137.3	137.6	149.2	137.6
1989	122.6	121.1	128.6	130.3	128.6	146.3	145.9	156.1	153.9	125.1	121.4	147.5	147.9	161.6	147.9

<sup>1</sup> Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>2</sup> Revised title. Years prior to January 1978 reflect semi-private room charges.

<sup>3</sup> Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

SOURCE: HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

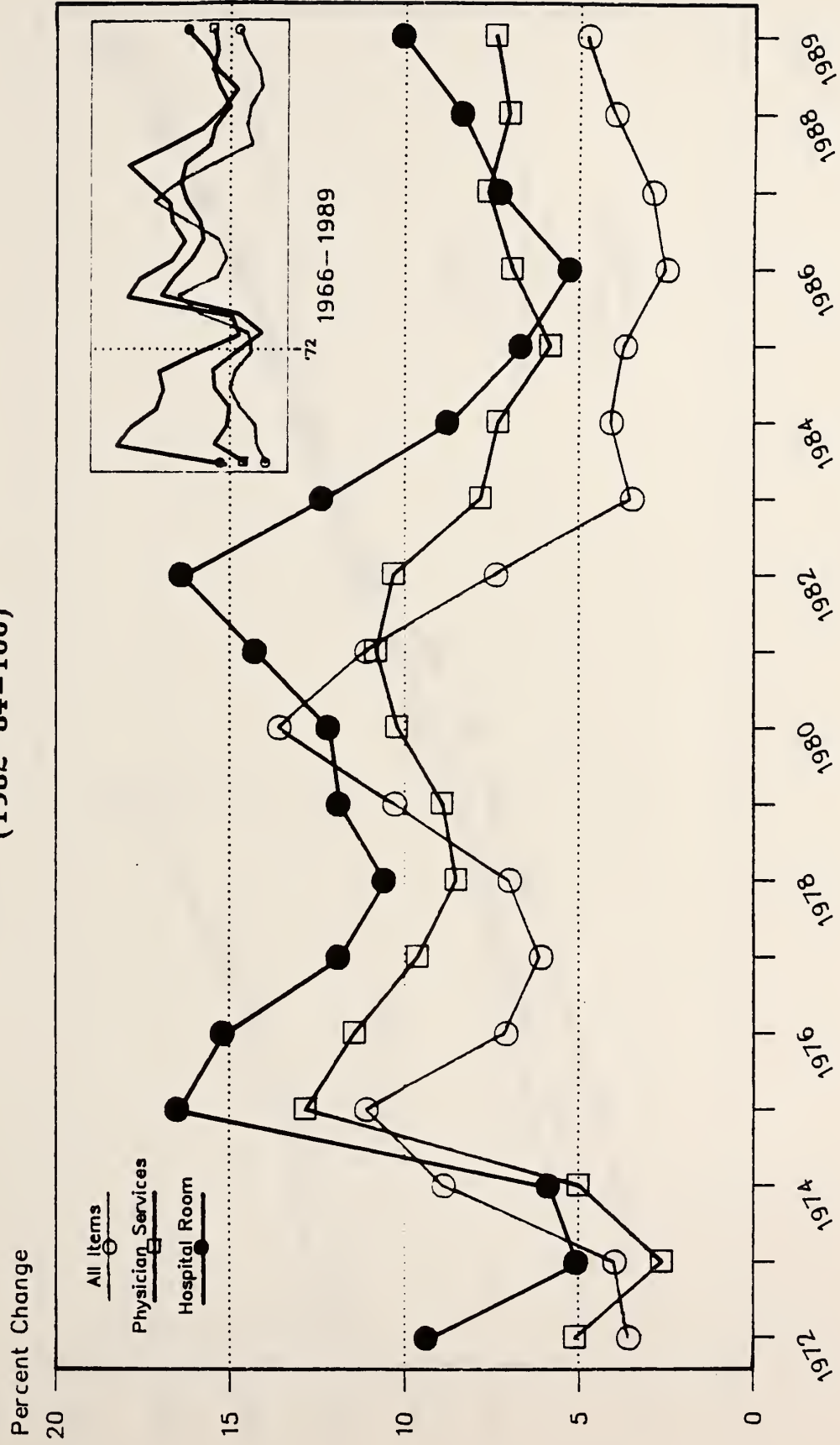
March 1990



# Consumer Price Indexes/Annual Percent Change

Fiscal Years 1972-1989

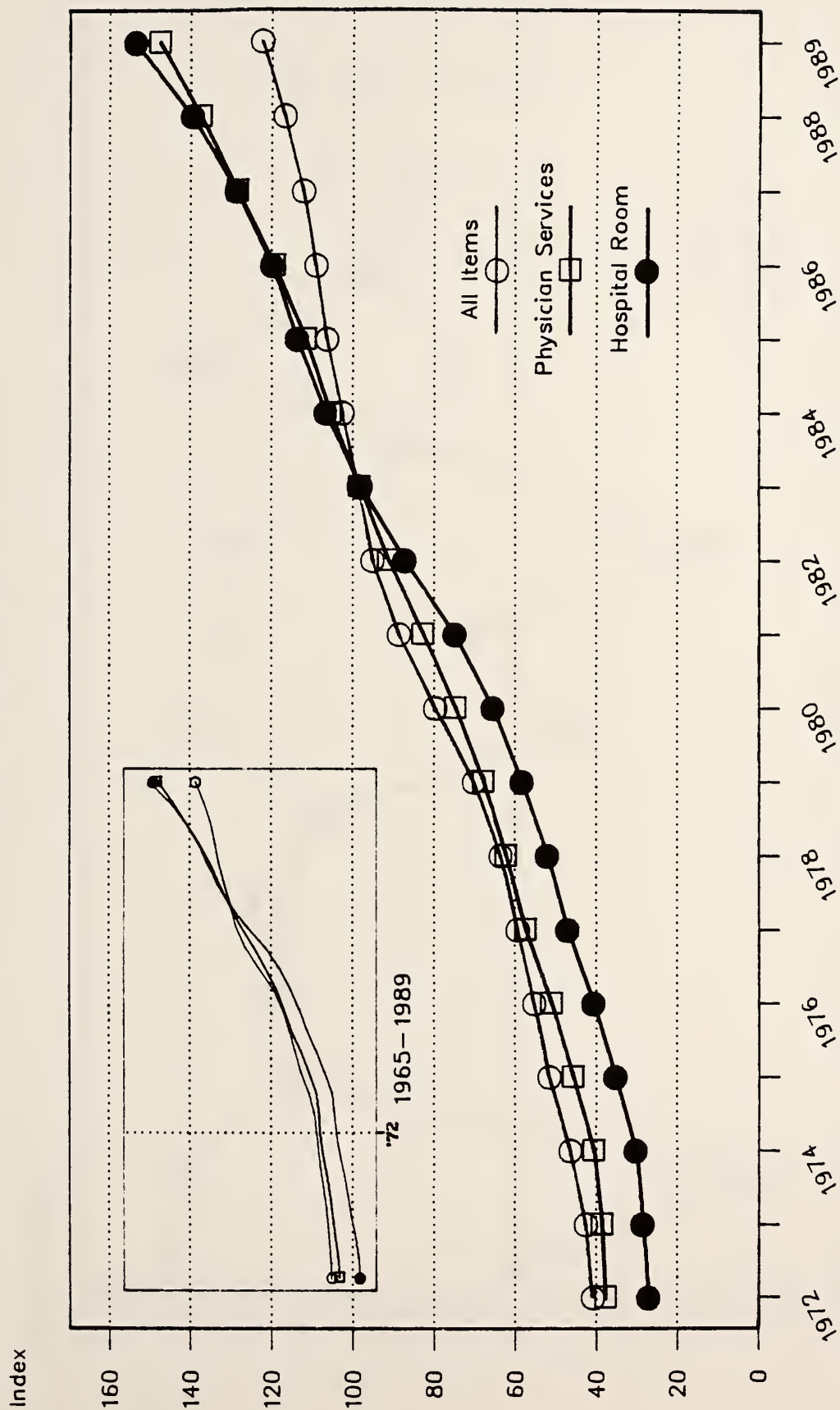
(1982-84=100)







# Selected Consumer Price Indexes Fiscal Years 1972-1989 (1982-84=100)

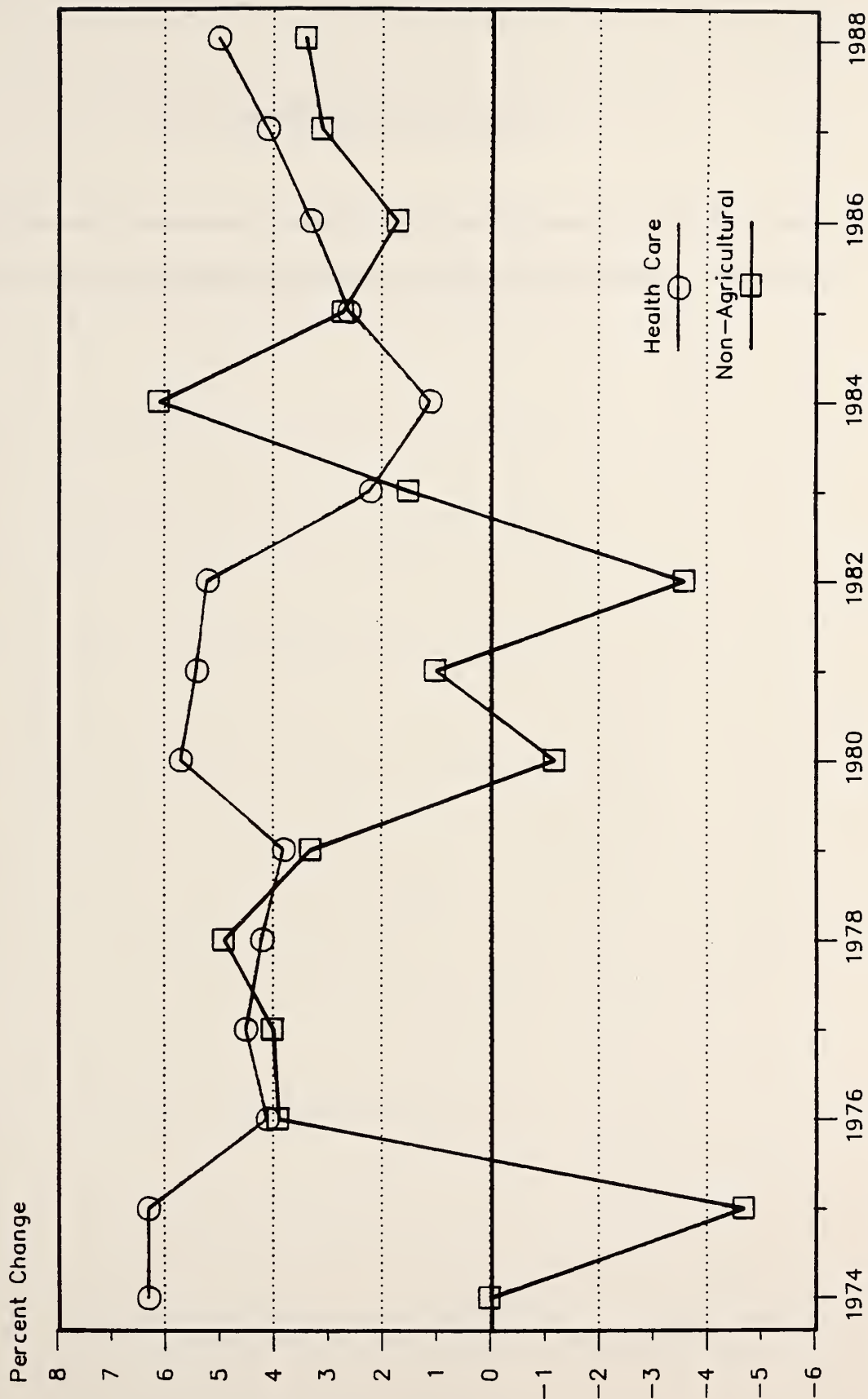


SOURCE: HCFA/OACT and U.S. Dept. of Labor, Bureau of Labor Statistics

March 1990



# Workhours in Private Health Care Establishments versus All Non-Agricultural Establishments Calendar Years 1974-1988



SOURCE: HCFA/OACT

March 1990



#### IV. ADMINISTRATIVE/OPERATING

Information on activities and services related to oversight of the day-to- day operations of HCFA programs.

Current and trend data on trust fund operations, contractor performance, and administrative costs are included.



Medicare/Operations of the HI Trust Fund

Fiscal Year <sup>1</sup>	Transfers from Railroad Retirement Account			Income		Disbursements				Trust Fund		
	Payroll Taxes	Reimbursement for Uninsured Persons	Premiums from Voluntary Enrollees	Reimbursement for Military Wage Credits	Interest on Investments and Other Income <sup>2</sup>	Total Income	Benefits Payments <sup>3</sup>	Administrative Expenses <sup>4</sup>	Total Disbursements	Interfund Borrowing Transfers <sup>5</sup>	Net Increase in Fund	Fund at End of Year
Amount in millions												
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597		\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	149	4,953		661	2,677
1971	4,898	66	863	11	180	6,018	5,442	150	5,592		426	3,103
1972	5,226	66	503	48	188	6,031	6,108	167	6,276		-245	2,859
1973	7,663	63	381	48	196	8,352	6,648	194	6,842		1,510	4,369
1974	10,602	99	451	48	405	11,610	7,806	259	8,065		3,545	7,914
1975	11,291	132	481	48	609	12,568	10,353	259	10,612		1,956	9,870
1976	12,031	138	610	48	709	13,544	12,267	312	12,579		966	10,836
T.Q.	3,366	143	60	0	5	3,516	3,315	89	3,404		112	10,948
1977	13,649	70	680	141	770	15,374	14,906	301	15,207		167	11,115
1978	16,677	7214	688	8143	809	18,543	17,411	451	17,862		681	11,796
1979	19,927	191	734	141	901	21,910	19,891	452	20,343		1,567	13,363
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288		1,127	14,490
1981	30,425	276	659	141	1,341	32,863	28,907	353	29,260		3,603	18,093
1982	34,390	351	808	207	1,829	37,611	34,343	521	34,864		2,747	20,840
1983	36,387	358	878	93,663	2,629	43,940	38,102	522	38,624	\$-12,437	-7,121	13,719
1984	41,364	351	752	250	2,812	45,563	41,476	633	42,108		3,455	1,174
1985	46,490	371	766	86	3,182	50,933	47,841	813	48,654	1,824	4,103	21,277
1986	53,020	364	566	10,714	3,167	56,442	49,018	667	49,685	10,613	17,370	38,648
1987	57,820	368	447	94	3,982	62,751	49,967	836	50,803		11,949	50,596
1988	61,901	364	475	80	5,148	68,010	52,022	707	52,730		15,281	65,977
1989	67,527	379	515	86	6,567	75,116	57,433	805	58,238		16,878	82,755

<sup>1</sup>Fiscal years 1976 and earlier consist of the 12 months ending on June 30 of each year; the three-month interval from July 1, 1976, through September 30, 1976, labeled "T.Q.", is the transition quarter, fiscal years 1977 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup>Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and a small amount of miscellaneous income.

<sup>3</sup>Includes costs of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

<sup>4</sup>Includes costs of experiments and demonstration projects.

<sup>5</sup>A negative amount is a loan to the OASI trust fund; a positive amount is a repayment of loan principal to the HI trust fund.

<sup>6</sup>The 1977 transfer is for benefits and administrative expenses during the five-quarter period covering the transition quarter and fiscal year 1977.

<sup>7</sup>The 1978 transfer is for contributions during the five-quarter period covering the transition quarter and fiscal year 1977.

<sup>8</sup>Includes \$2 million in reimbursement from general revenues for costs arising from the granting of deemed wage credits to persons of Japanese ancestry who were interned during World War II.

<sup>9</sup>Includes the lump sum general revenue transfer of \$3,456 million, as provided for by section 151 of P.L. 98-21.

<sup>10</sup>Includes the lump sum general revenue transfer of -\$805 million, as provided for by section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1990



Medicare/Operations of the SMI Trust Fund

Fiscal Year <sup>1</sup>	Income			Disbursements			Balance in Fund at End of Year <sup>4</sup>
	Premiums from Participants	Government Contributions <sup>2</sup>	Interest and Other Income <sup>3</sup>	Total Income	Benefit Payments	Administrative Expenses	Total Disbursements
Amount in millions							
1967	\$647	\$623	\$15	\$1,285	\$664	\$135	\$799
1970	936	928	12	1,876	1,979	217	2,196
1971	1,253	1,245	18	2,516	2,035	248	2,283
1972	1,340	1,365	29	2,734	2,255	289	2,544
1973	1,427	1,430	45	2,902	2,391	246	2,637
1974	1,704	2,029	76	3,809	2,874	409	3,283
1975	1,887	2,330	105	4,322	3,765	405	4,170
1976	1,951	2,939	104	4,994	4,672	528	5,200
T.Q.	539	878	4	1,421	1,269	132	1,401
1977	2,193	5,053	137	7,383	5,867	475	6,342
1978	2,431	6,386	228	9,045	6,852	504	7,356
1979	2,635	6,841	363	9,839	8,259	555	8,814
1980	2,928	6,932	415	10,275	10,144	593	10,737
1981	3,320	8,747	372	12,439	12,345	883	13,228
1982	3,831	13,323	473	17,627	14,806	754	15,560
1983	4,227	14,238	682	19,147	17,487	824	18,311
1984	4,907	16,811	807	22,525	19,473	899	20,372
1985	5,524	17,898	1,155	24,577	21,808	922	22,730
1986	5,699	18,076	1,228	25,003	25,169	1,049	26,218
1987	6,480	20,299	1,018	27,797	29,937	900	30,837
1988	8,756	25,418	828	35,002	33,682	1,265	34,947
1989	10,431	30,712	1,004	42,147	36,867	1,349	38,215

Historical:

<sup>1</sup>For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976, through September 30, 1976, is labeled "T.Q.", the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

<sup>2</sup>The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

<sup>3</sup>Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

<sup>4</sup>The financial status of the program depends on both the total net assets and the liabilities of the program.

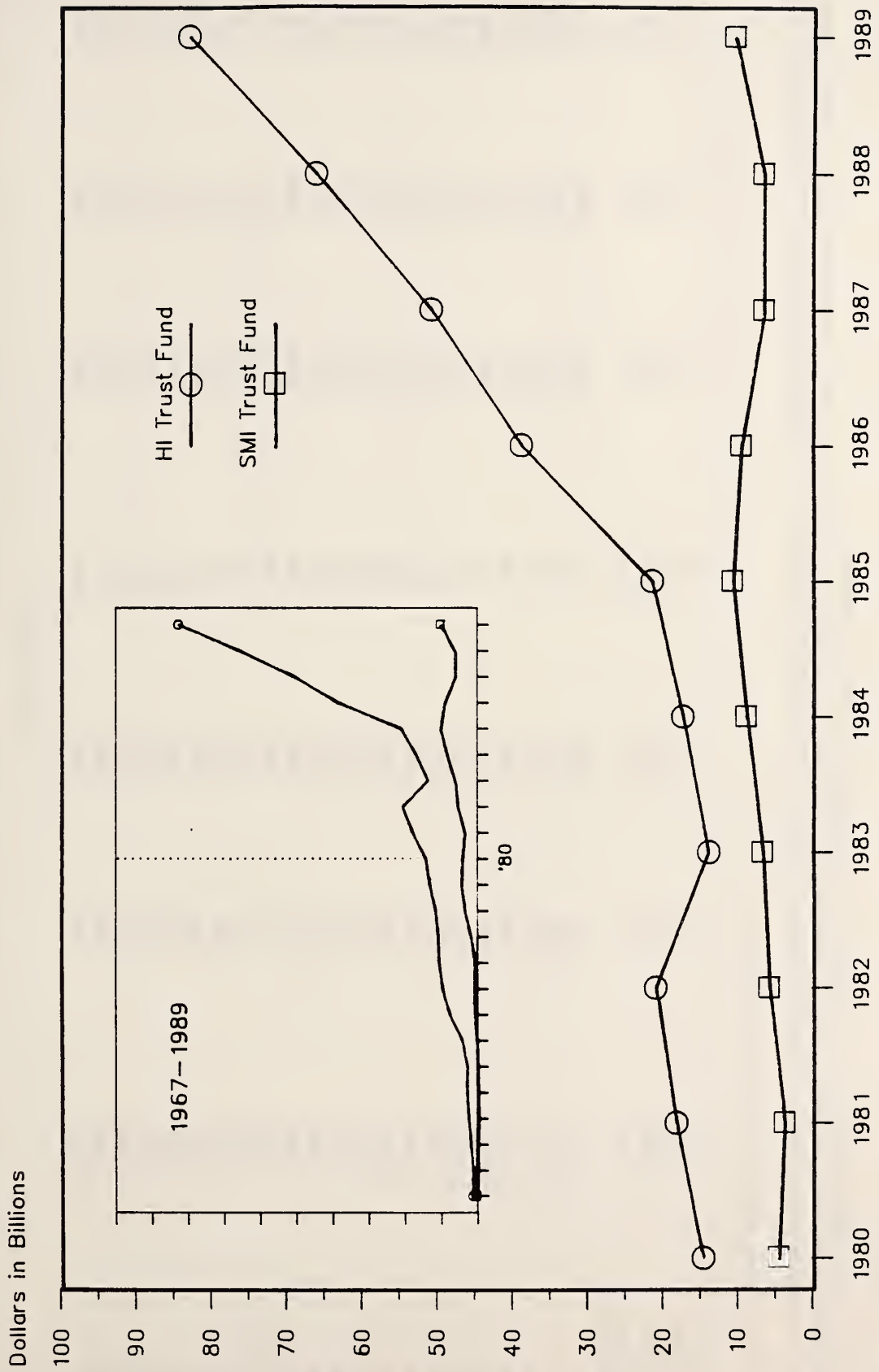
<sup>5</sup>Administrative expenses shown include those paid in fiscal years 1966 and 1967.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1990

# Medicare HI & SMI Trust Fund Balances Fiscal Years 1980-1989



SOURCE: HCFA/OACT

March 1990



Medicare/SMI Trust Fund Income

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions¹		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$1,270	\$647	\$647	N/A	\$623	\$623	N/A
1970	1,863	936	936	N/A	927	927	N/A
1971	2,498	1,253	1,253	N/A	1,245	1,245	N/A
1972	2,703	1,340	1,340	N/A	1,363	1,363	N/A
1973	2,857	1,427	1,427	N/A	1,431	1,431	N/A
1974	3,733	1,704	1,579	\$125	2,029	1,577	\$452
1975	4,217	1,887	1,736	151	2,330	1,711	619
1976	4,888	1,951	1,783	168	2,936	2,206	731
Trans. Qtr.	1,417	539	492	46	878	734	144
1977	7,228	2,193	1,987	206	5,035	4,026	1,009
1978	8,794	2,431	2,186	245	6,363	4,965	1,398
1979	9,463	2,635	2,373	263	6,828	5,459	1,368
1980	9,851	2,928	2,637	291	6,923	5,035	1,322
1981	12,067	3,320	2,988	332	8,747	7,191	1,556
1982	17,154	3,831	3,460	371	13,323	11,208	2,115
1983	18,465	4,227	3,834	393	14,238	11,937	2,301
1984	21,718	4,907	4,463	444	16,811	13,861	2,950
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,775	5,699	5,200	500	18,076	15,696	2,381
1987	26,778	6,480	5,897	582	20,299	17,579	2,720
1988	34,174	8,756	7,963	793	25,418	22,830	2,588
1989	41,143	10,431	9,487	945	30,712	29,009	1,703
Percent change							
1967-1989	3,140	1,512	1,366	N/A	4,830	4,556	N/A
1974-1989	1,002	512	501	656	1,414	1,740	277
1987-1988	28	35	35	36	25	30	-5
1988-1989	20	19	19	19	21	27	-34

<sup>1</sup>Interest on delayed transfers from general funds is included.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate. N/A indicates data are not applicable.

SOURCE: HCFA/OACT

March 1990

**Medicare/Ratio of SMI Benefit Payments to Premium Income**

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions						
1967	\$664	\$664	N/A	1.0	1.0	N/A
1970	1,979	1,979	N/A	2.1	2.1	N/A
1971	2,035	2,035	N/A	1.6	1.6	N/A
1972	2,255	2,255	N/A	1.7	1.7	N/A
1973	2,391	2,391	N/A	1.7	1.7	N/A
1974	2,874	2,537	\$337	1.7	1.6	2.7
1975	3,765	3,289	476	2.0	1.9	3.2
1976	4,672	4,037	635	2.4	2.3	3.8
Trans. Qtr.	1,269	1,078	191	2.4	2.2	4.2
1977	5,867	5,005	862	2.7	2.5	4.2
1978	6,852	5,785	1,067	2.8	2.6	4.4
1979	8,259	6,929	1,330	3.1	2.9	5.1
1980	10,144	8,485	1,659	3.5	3.2	5.7
1981	12,345	10,362	1,983	3.7	3.5	6.0
1982	14,806	12,404	2,402	3.9	3.6	6.5
1983	17,487	14,783	2,704	4.1	3.9	6.9
1984	19,473	16,803	2,670	4.0	3.8	6.0
1985	21,808	19,080	2,728	3.9	3.8	5.7
1986	25,169	22,070	3,099	4.4	4.2	6.2
1987	29,937	26,353	3,584	4.6	4.5	6.2
1988	33,682	29,797	3,885	3.8	3.7	4.9
1989	36,867	32,747	4,120	3.5	3.5	4.4
Percent change						
1967-1989	5,452	4,832	N/A			
1974-1989	1,183	1,191	1,123			
1986-1988	13	13	8			
1987-1989	19	10	6			

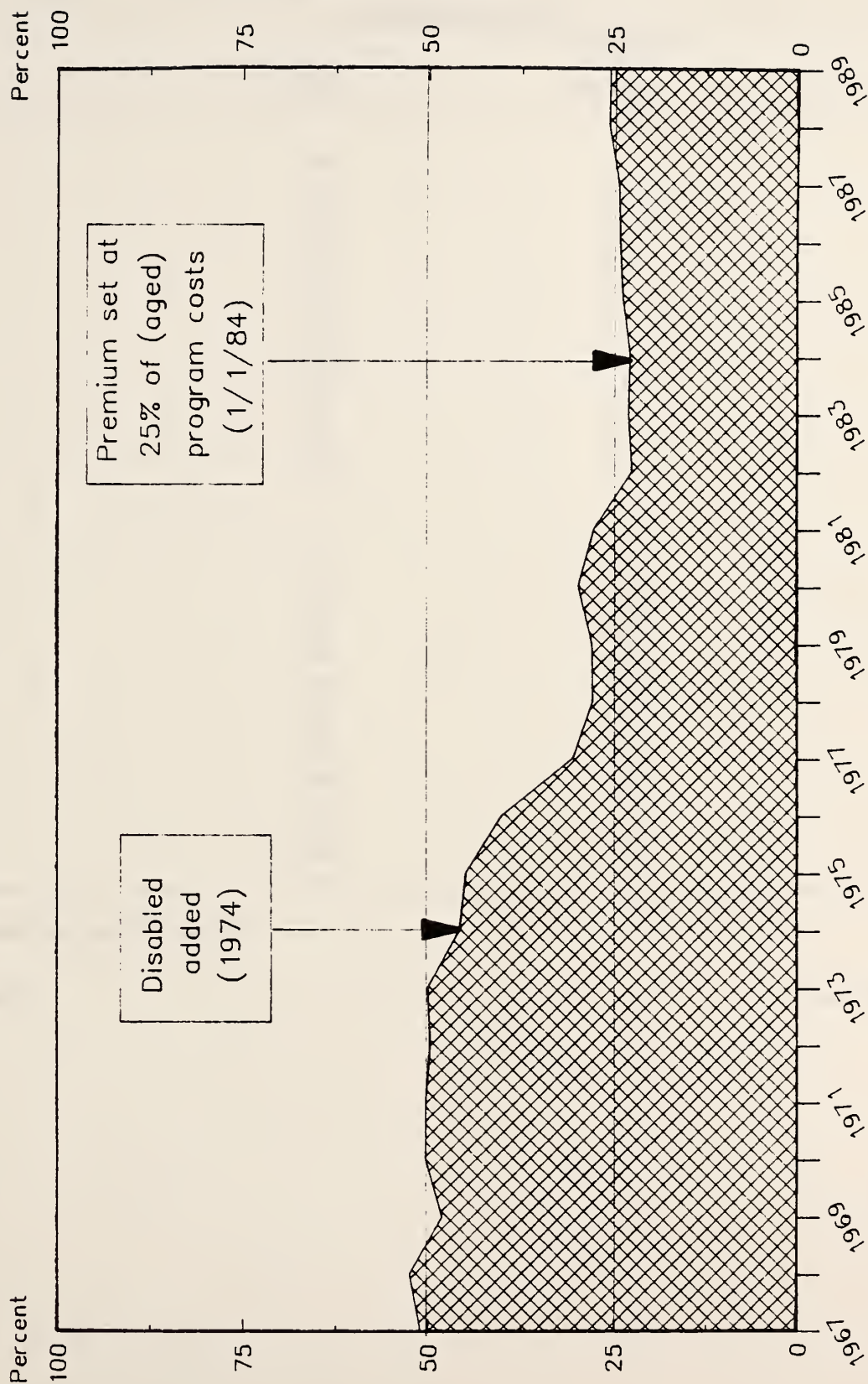
NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." N/A indicates data are not applicable.

SOURCE: HCFA/OACT

March 1990



# Medicare Premiums as a Percent of Total SMI Trust Fund Income Fiscal Years 1967-1989



SOURCE: HCFA/OACT

March 1990





# Medicare Administrative Expenses/Trends

Fiscal Year	Administrative Expenses	
	Amount in millions	As a Percent of Benefit Payments
<b>HI Trust Fund</b>		
1967	\$89	3.5
1968	79	2.1
1970	149	3.1
1975	259	2.5
1980	497	2.1
1981	353	1.2
1982	521	1.5
1983	522	1.4
1984	633	1.5
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
<b>SMI Trust Fund</b>		
1967	<sup>1</sup> 135	20.3
1968	142	10.2
1970	217	11.0
1975	405	10.8
1980	593	5.8
1981	883	7.2
1982	754	5.1
1983	824	4.7
1984	899	4.6
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,349	3.7

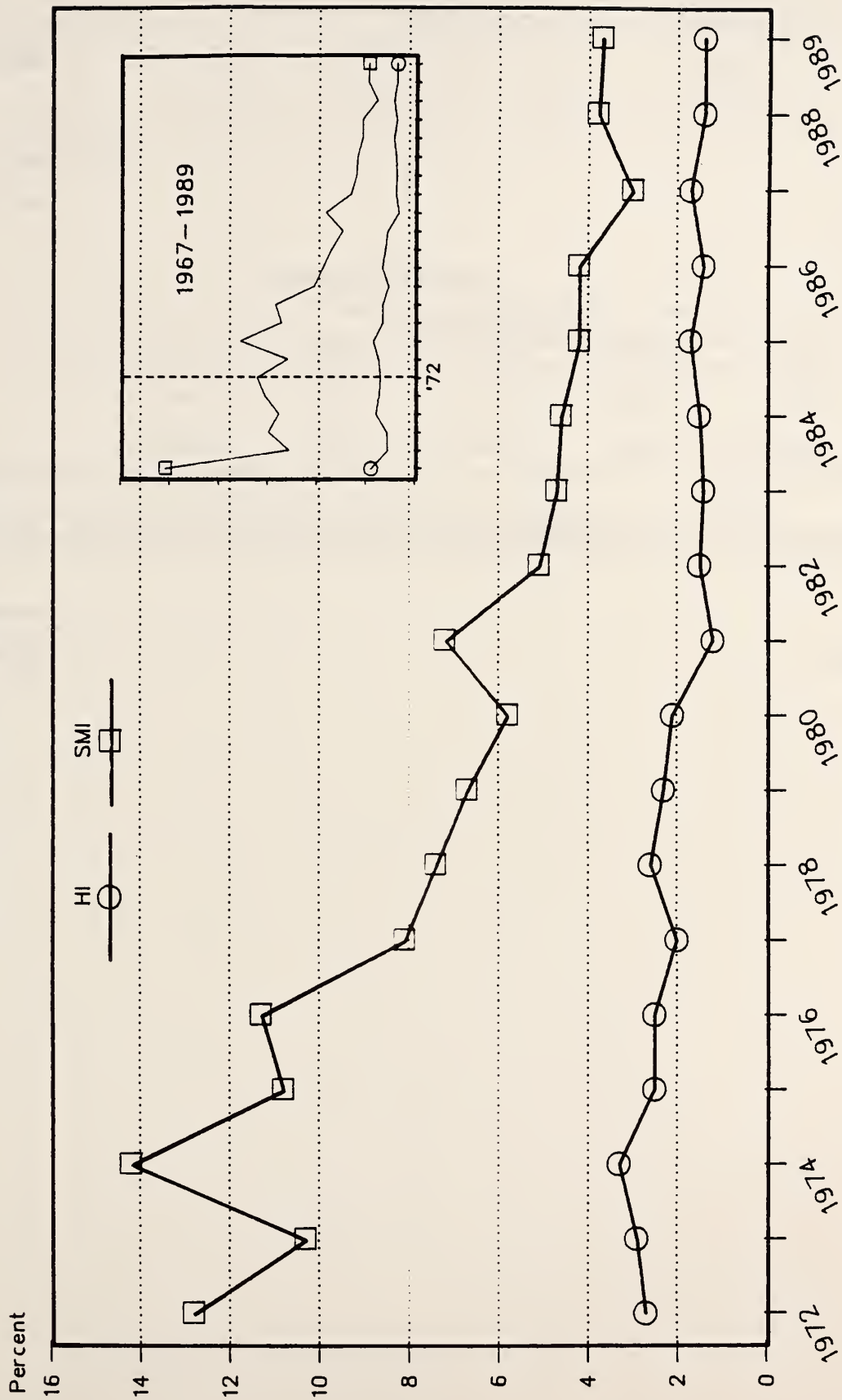
<sup>1</sup>Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: HCFA/OACT

March 1990



# Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years 1972-1989



SOURCE: HCFA/OACT

March 1990



**Medicare/Contractors**

	<b>Intermediaries</b>	<b>Carriers</b>
Blue Cross/Blue Shield	43	26
Other	7	8

NOTE: Data as of January 1990.

SOURCE: HCFA/BPO

**Medicare/Claims Processing**

	<b>Net Unit Cost per Claim</b>				
	1975	1980	1985	1988	1989
Intermediaries <sup>1</sup>	\$3.84	\$2.96	\$2.33	\$1.82	\$1.93
Carriers <sup>2</sup>	\$2.90	\$2.33	\$1.88	\$1.57	\$1.58

<sup>1</sup>Includes direct costs and overhead costs for Bill Payment, Reconsideration and Hearings lines.

<sup>2</sup>Includes direct costs and overhead costs for the Claims Payment line, Reviews and Hearings line, and Beneficiary/Physician Inquiries line.

NOTE: Fiscal year data.

SOURCE: HCFA/BPO

March 1990

Medicare/Intermediary Processing Times  
Fiscal Year 1989

	Mean Days	Percent of Clean Non-PIP Claims Paid in 25 Days	Percent of All Claims Paid in 60 Days	Percent of All Claims Paid in 90 Days
All Claims	17.5	99.2	99.2	99.8
Inpatient	16.8	99.4	99.2	99.7
Outpatient	17.2	99.4	99.3	99.9
SNF	21.1	96.7	97.7	99.3
HHA	19.8	95.5	98.2	99.5
Hospice	20.5	94.4	97.4	99.1
CORF	23.4	96.0	98.0	99.4
ESRD	18.2	99.1	99.0	99.7
Laboratory	17.0	99.8	99.8	99.9
Other	18.0	99.2	98.7	99.6

SOURCE: HCFA/BPO

March 1990

Medicare/Carrier Processing Times  
Fiscal Year 1989

	Mean Days	Percent of Clean Claims Processed in 18/25 Days <sup>1</sup>	Percent of All Claims Processed in 60 Days	Percent of All Claims Processed in 90 Days
All Claims	18.6	93.5	98.0	99.2
Participating Physician Claims	17.8	92.1	98.4	99.4
All Claims Excluding Participating Physician Claims	19.3	94.7	97.6	99.1
Assigned				
Non-Participating Physicians	16.2	96.3	98.3	99.3
Durable Medical Equipment	22.9	90.8	95.2	98.1
Laboratory	17.9	97.7	98.5	99.5
Ambulance	19.3	96.8	97.6	99.0
All Other	20.6	96.0	97.6	99.1
Unassigned	20.7	92.4	97.1	99.0

<sup>1</sup>Participating physician, 18 days; all other, 25 days.

SOURCE: HCFA/BPO

March 1990



# Medicare/Reasonable Charge Reductions

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1981 <sup>1</sup>	78,952	82.7	8,546	23.9	25.84
1982 <sup>1</sup>	88,185	83.1	10,633	24.3	29.32
1983	100,087	82.4	13,134	23.8	31.20
1984	118,221	80.3	15,591	24.7	32.62
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1981 <sup>1</sup>	71,632	85.7	7,607	23.7	25.13
1982 <sup>1</sup>	78,166	85.6	9,117	24.1	28.10
1983	85,966	<sup>2</sup> 83.9	10,610	<sup>2</sup> 23.1	<sup>2</sup> 28.48
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67

<sup>1</sup>Excludes data for Texas Blue Shield.

<sup>2</sup>These data are slightly understated due to underreporting by Equitable.

NOTE: Reasonable charge reduction is the total dollar amount reduced as a result of a reasonable charge determination made by a carrier.

SOURCE: HCFA/BPO

March 1990

Medicare/Reasonable Charge Determination Data for All Claims

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Reasonable Charge Reductions Were Made			
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Total in thousands	Avg. Amount per Approved Claims
1973	54,724	\$3,500,542	28,964	52.9	\$411,064	\$7.51
1974	62,867	4,139,801	38,236	60.8	545,780	8.68
1975	75,694	5,324,636	50,738	67.0	863,847	11.41
1976	86,869	6,432,181	61,673	71.0	1,193,495	13.74
1977	103,483	8,069,456	72,936	70.5	1,532,910	14.81
1978	114,912	9,350,700	81,951	71.3	1,798,419	15.65
1979	127,193	11,036,237	94,311	74.1	2,246,576	17.66
1980	145,157	13,765,039	113,707	78.3	3,063,364	21.10
1981 <sup>1</sup>	158,914	16,571,764	127,993	80.5	3,867,340	24.34
1982 <sup>2</sup>	175,230	20,280,423	141,833	80.9	4,827,238	27.55
1983 <sup>3</sup>	195,212	24,275,276	156,179	80.0	5,638,767	28.89
1984	210,948	27,158,840	170,659	80.9	6,567,222	31.13
1985	246,337	30,800,071	203,405	82.6	8,168,817	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	40.89

<sup>1</sup> Texas Blue Shield is excluded from all data elements for July-September 1981.

<sup>2</sup> Texas Blue Shield is excluded from all data elements for October-December 1981.

<sup>3</sup> These data are slightly understated due to underreporting by Equitable for January-September 1983.

NOTE: Accurate data are not available prior to fiscal year 1973. Also, prior to July 1, 1976, data exclude SSA.

SOURCE: HCFA/BPO

March 1990

Medicare/Appeals  
Fiscal Year 1989

	Intermediary Reconsiderations	Carrier Reviews
Number Processed	40,001	6,075,507
Percent Reversal Rate <sup>1</sup>	47.2	57.5

<sup>1</sup>Excludes withdrawals and dismissals.

SOURCE: HCFA/BPO

March 1990

# Medicaid Administrative Expenses

	1987 <sup>1</sup>	1988 <sup>1</sup>	1989 <sup>2</sup>
Amount in thousands			
Total Payments Computable for Federal Funding	\$2,373,283	\$2,680,489	\$2,922,136
Federal Share of Current Expenditures:			
Family Planning	7,208	8,216	9,908
Design, Development or Installation of MMIS <sup>3</sup>	23,825	29,528	31,664
Skilled Professional Medical Personnel	117,928	100,367	113,387
Operation of an Approved MMIS	346,300	377,392	404,917
Other Financial Participation	745,461	852,653	991,006
Mechanized Systems Not Approved Under MMIS	16,874	28,638	17,451
Total Administration	1,257,596	1,396,794	1,568,333
Net Adjusted Federal Share	<sup>4</sup> 1,372,973	<sup>4</sup> 1,508,967	N/A

<sup>1</sup>Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (current expenditures only).

<sup>2</sup>Source: Form HCFA-25I, Medicaid Program Budget Report, State and Local Administration - State Estimates submitted November 1989.

<sup>3</sup>Medicaid Management Information System.

<sup>4</sup>Includes Federal share of current expenditures from Form HCFA-64.10 plus State reported and HCFA adjustments.

NOTES: Fiscal year data. N/A indicates data are not available.

SOURCE: HCFA/BQC

March 1990



## V. POPULATIONS

Information about persons covered by Medicare and Medicaid.

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons using services. Current and trend data showing demographic and eligibility category distributions are included.





### Medicare Enrollment/Coverage

- o Ninety-one percent of the Medicare population is age 65 and over.
- o An estimated 95-98 percent of the total aged population has some type of Medicare coverage.
- o Ninety-four percent of the total Medicare population is covered by both Part A and Part B.
- o Four percent of the total Medicare population has Part A only coverage.
- o Less than 2 percent of the total Medicare population has Part B only coverage.
- o Ninety-six percent of aged persons covered by Medicare Part A are entitled to SSA benefits; 3 percent are entitled to RRB benefits; and less than 2 percent are not insured by SSA or RRB.
- o Seventy-nine percent of disabled persons entitled to Medicare are workers; 17 percent are persons disabled in childhood prior to age 22; more than 2 percent are disabled widows or widowers; and less than 2 percent are entitled because of ESRD only.

	Total	Aged	Disabled
	Number in millions		
HI and/or SMI	33.0	29.9	3.1
HI and SMI	31.1	28.2	2.8
HI	32.4	29.3	3.1
SMI	31.6	28.8	2.8

NOTE: Data as of July 1, 1988.

SOURCE: HCFA/BDMS

March 1990

Medicare Enrollees/Trends

	1975	1980	1985	1988	1989	1990	1991
	Number in millions						
HI and/or SMI							
Total	25.0	28.5	31.1	33.0	33.7	34.3	35.5
Aged	22.8	25.5	28.2	29.9	30.5	31.1	32.2
Disabled	2.2	3.0	2.9	3.1	3.2	3.2	3.3
HI							
Total	24.6	28.1	30.6	32.4	33.1	33.7	34.9
Aged	22.5	25.1	27.7	29.3	29.9	30.5	31.5
Disabled	2.2	3.0	2.9	3.1	3.2	3.2	3.3
SMI							
Total	23.9	27.4	30.0	31.6	32.4	33.0	34.1
Aged	21.9	24.7	27.3	28.8	29.5	30.0	31.0
Disabled	2.0	2.7	2.7	2.8	2.9	3.0	3.1
HI and SMI	23.6	27.0	29.5	31.1	31.8	32.4	33.5
HI Only	1.1	1.1	1.1	1.4	1.3	1.4	1.4
SMI Only	0.3	0.4	0.5	0.6	0.6	0.6	0.6

NOTES: Data as of July 1. Data for 1989 through 1991 are estimated.

SOURCE: HCFA/OACT/BDMS

March 1990

# Medicare Enrollment/Demographics

	Total	Male	Female
Number in thousands			
All Persons	32,980	13,929	19,051
Aged Persons	29,879	11,967	17,912
65 - 74	17,221	7,553	9,668
75 - 84	9,556	3,553	6,003
85 and over	3,102	861	2,241
Disabled Persons	3,101	1,962	1,140
Under 45	1,044	679	365
45 - 54	670	428	242
55 - 64	1,388	855	533
White	28,483	11,996	16,487
Non-white	3,502	1,533	1,970
Unknown	995	400	595

NOTE: Data as of July 1, 1988.

SOURCE: HCFA/BDMS

March 1990

# Medicare Enrollment/End Stage Renal Disease Demographics

	Number of Enrollees
All Persons	141,300
Age	
Under 25	6,772
25-44	36,752
45-64	51,727
65 and over	46,049
Sex	
Male	76,900
Female	64,400
Race	
White	87,828
Non-white	48,032
Unknown	5,440

NOTE: Data as of July 1, 1988.

SOURCE: HCFA/BDMS

March 1990

# Medicare HI Enrollment/Aging Population

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1984	27,112	100.0	31.9	26.4	19.2	12.3	10.2	73.4
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.4
1986	28,257	100.0	31.9	26.2	19.2	12.3	10.3	73.5
1987	28,822	100.0	31.9	26.0	19.2	12.4	10.5	73.5
1988	29,312	100.0	31.8	25.9	19.3	12.5	10.5	73.5

NOTE: Data as of July 1.

SOURCE: HCFA/BDMS

# Medicare HI Enrollment/Demographic Trends

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race					
		Male			Female		
		Total	White	Non-White	Total	White	Non-White
1966	100.0	42.6	38.6	3.4	57.4	50.8	4.1
1970	100.0	41.8	37.4	3.5	58.2	51.9	4.4
1975	100.0	40.8	36.2	3.6	59.2	52.8	4.7
1980	100.0	40.4	35.7	3.7	59.5	52.9	4.9
1984	100.0	40.3	35.5	3.7	59.7	52.9	5.1
1985	100.0	40.3	35.4	3.7	59.7	52.8	5.1
1986	100.0	40.3	35.4	3.7	59.7	52.7	5.2
1987	100.0	40.3	35.4	3.7	59.7	52.6	5.3
1988	100.0	40.3	35.3	3.7	59.7	52.4	5.4

NOTE: Data as of July 1. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1990

# Medicare/State Buy-Ins for SMI

Type of Beneficiary <sup>1</sup>	1986	1987	1988
All persons			
Number	2,775,933	2,848,743	2,883,619
Percent of SMI enrolled	9.2	9.2	9.1
Aged			
Number	2,221,698	2,249,800	2,246,661
Percent of SMI enrolled	8.0	7.9	7.8
Disabled			
Number	554,235	598,943	636,958
Percent of SMI enrolled	20.7	21.5	22.5

<sup>1</sup>Recipients for whom the State paid Medicare SMI premium for month of July.

SOURCE: HCFA/BPO

March 1990



### Medicaid Recipients/Trends

	1975	1980	1985	1988	1989	1990	1991
Number in millions							
Total	22.0	21.6	21.8	22.9	24.1	25.2	26.2
Aged	3.6	3.4	3.1	3.2	3.4	3.6	3.8
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	3.4	3.6	3.8	4.1
AFDC-Children	9.6	9.3	9.8	10.0	10.6	10.9	11.2
AFDC-Adults	4.5	4.9	5.5	5.5	5.7	5.8	6.0
Other Title XIX	1.8	1.5	1.2	1.3	1.4	1.6	1.7

NOTES: Fiscal year data. Recipient categories do not add to total due to the small number of recipients that are in more than one category during the year.

SOURCE: Data for fiscal years 1975-1988 are historical and reflect actual statistical data from HCFA/BDMS as reported by States. Projections for fiscal years 1989-1991 are based on State estimates from OACT/OMCE.

### Medicaid Recipients/Demographics/Trends

	1986	1987	1988
All Recipients in thousands	22,515	23,109	22,907
Percent Distribution			
Age	100.0	100.0	100.0
Under 21	50.2	50.5	47.6
21 - 64	33.4	33.5	30.4
65 and over	16.0	16.0	16.0
Unknown	0.4	0.0	6.0
Sex	100.0	100.0	100.0
Male	36.0	36.6	33.8
Female	64.0	63.4	60.3
Unknown	0.0	0.0	5.9
Race	100.0	100.0	100.0
White	52.8	53.3	45.3
Black	27.4	26.8	26.5
American Indian/Alaskan Native	1.0	1.0	1.0
Asian/Pacific Islander	2.0	2.2	1.8
Hispanic	16.3	16.1	13.7
Unknown	0.6	0.5	11.6

NOTES: Fiscal year data. The significant increase in "unknowns" for fiscal year 1988 is directly related to the increase in States reporting "unknowns" for this year. The percent distribution based on rounded numbers.

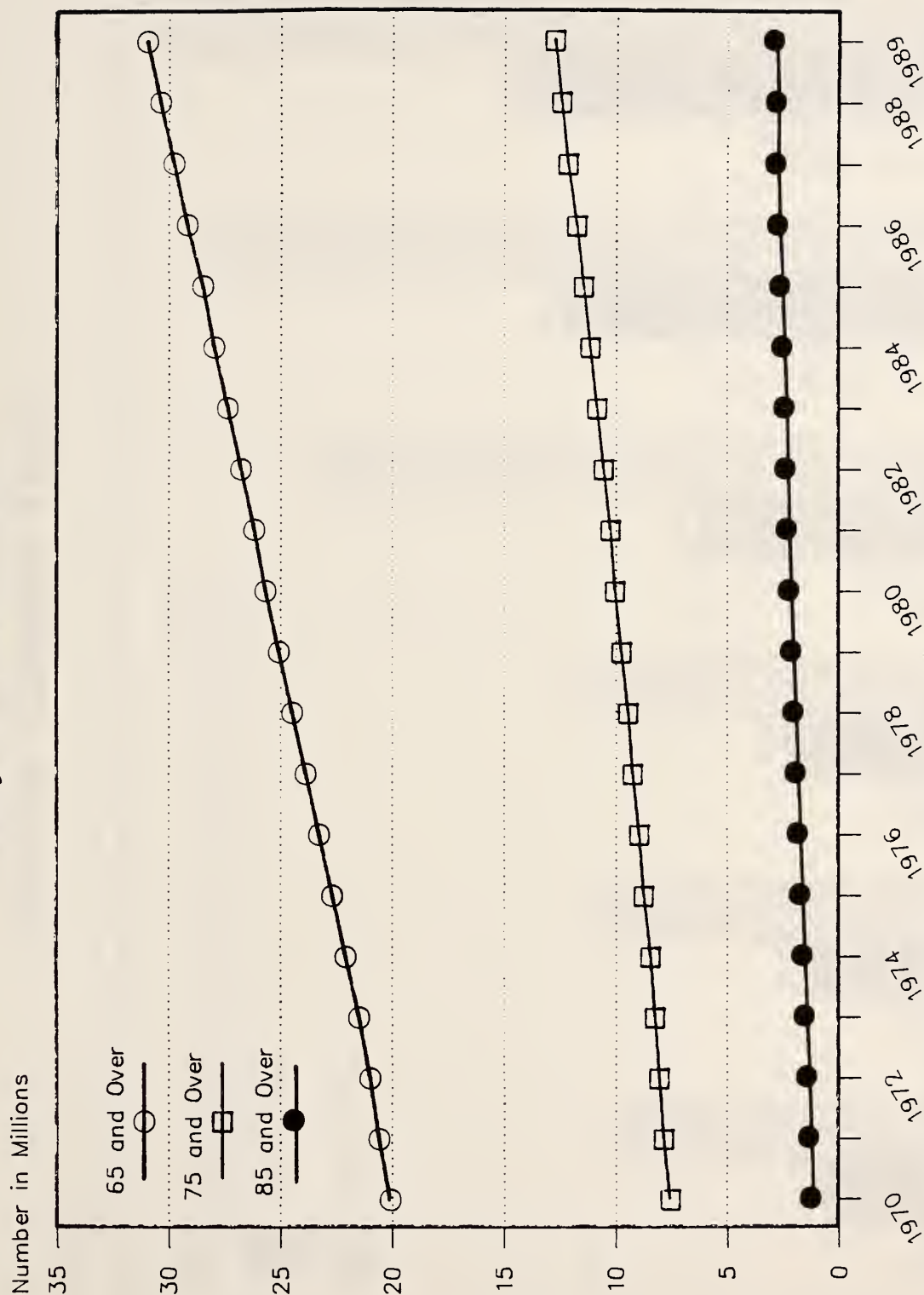
SOURCE: HCFA/BDMS

March 1990





# Aged Population of the United States July 1, 1970-1989

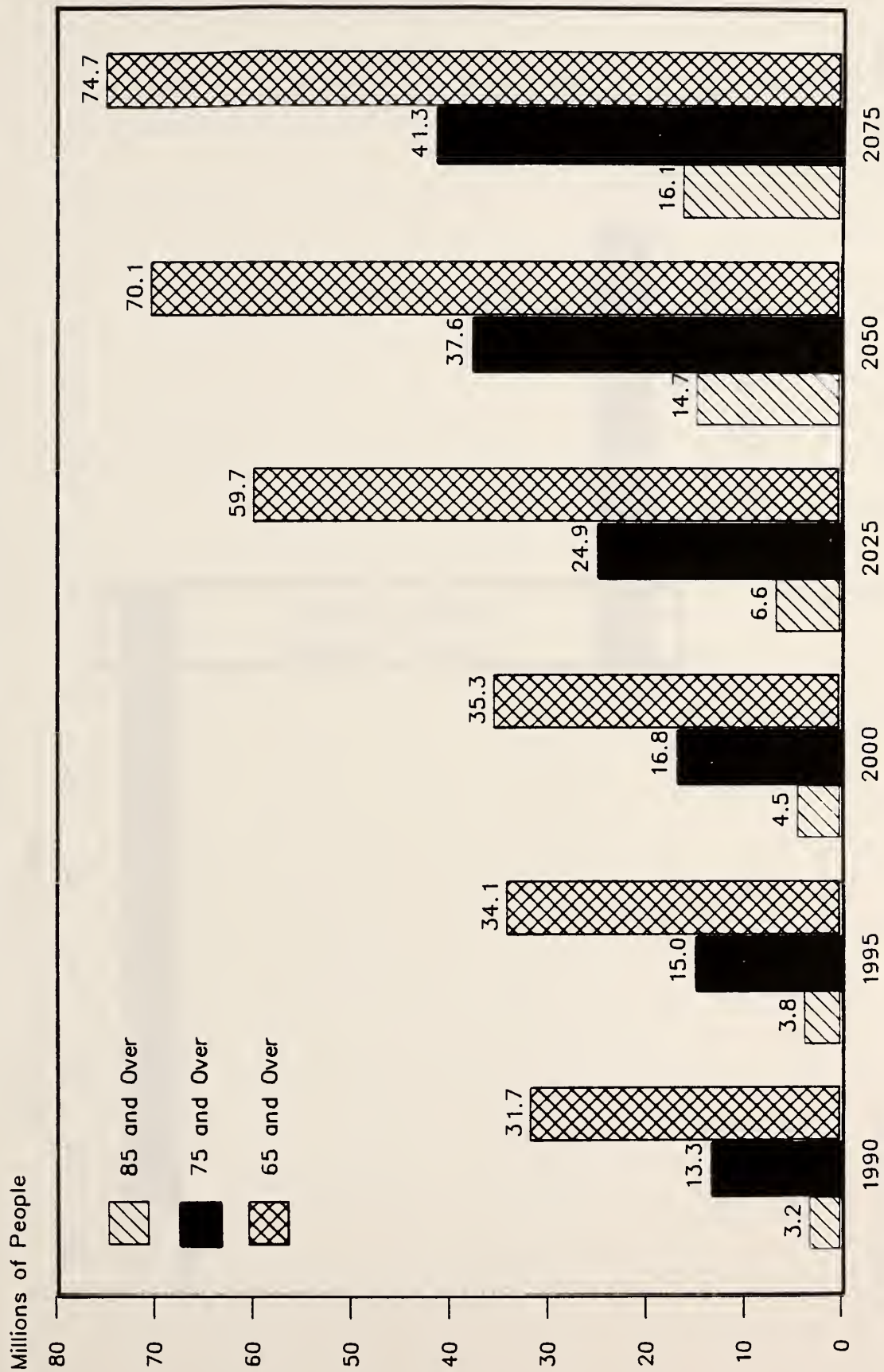


SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1990



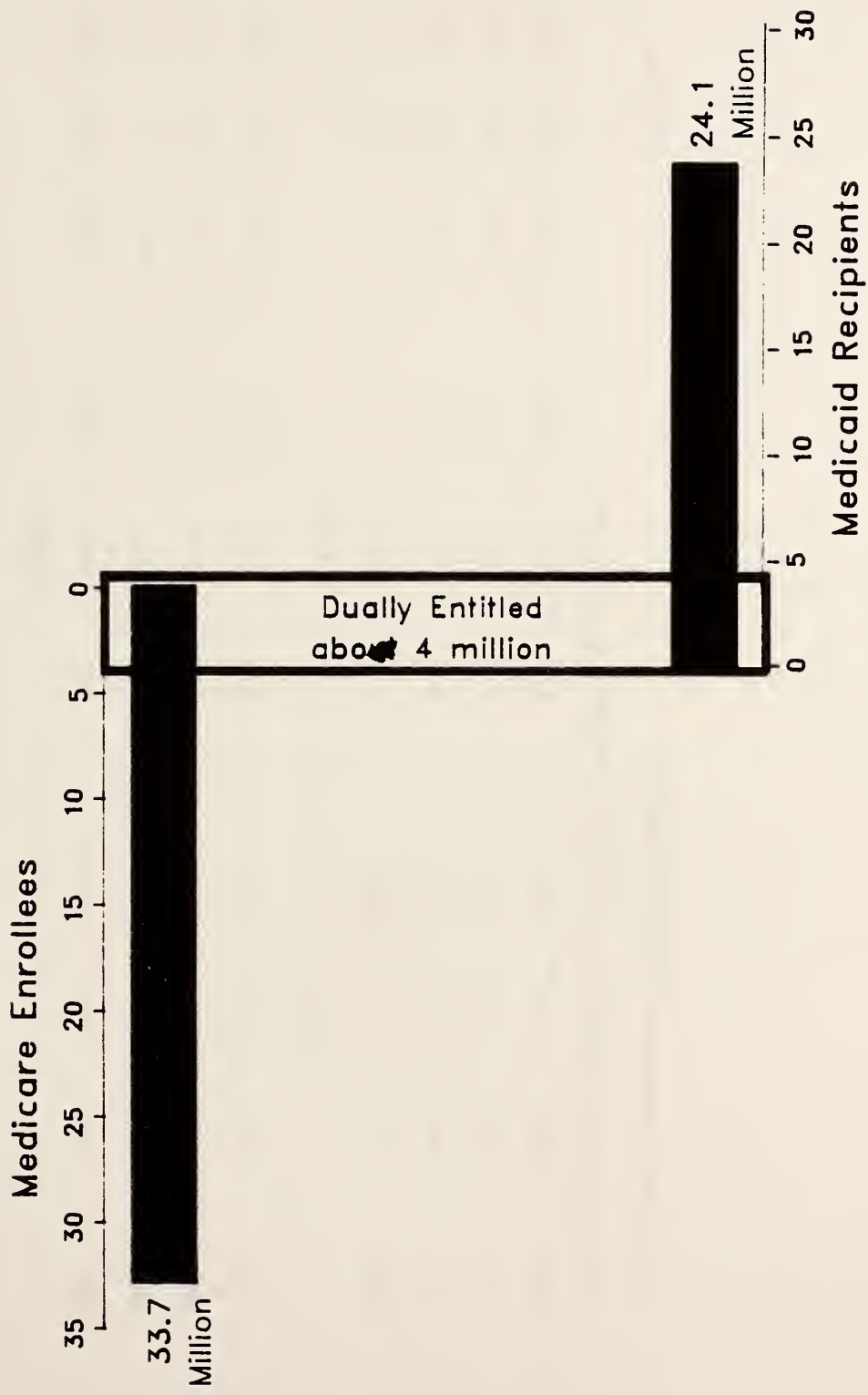
# Projected Growth of the Social Security Aged Population by Selected Calendar Years



SOURCE: SSA/OACT



# HCFA Programs Covered 54 Million People in 1989



SOURCE: HCFA/BDMS

March 1990





Life Expectancy at Birth and at Age 65 by Race and Sex: United States, Selected Years

Calendar Year	All Races			White			Black		
	Both Sexes	Men	Women	Both Sexes	At Birth		Both Sexes	At Age 65	
					Men	Women		Men	Women
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.2	78.2	75.3	71.9	78.7	69.5	65.3	73.7
1986	74.9	71.3	78.3	75.4	72.0	78.9	69.6	65.5	73.6
1950	13.9	12.8	15.0	--	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.8	14.6	18.6	16.8	14.6	18.7	15.5	13.3	17.2
1986	16.9	14.8	18.6	17.0	14.8	18.8	15.5	13.6	16.9

NOTE: 1986 data are provisional and include deaths of nonresidents of the United States.

SOURCE: Public Health Service, Health United States, 1987.

March 1990

# Life Expectancy at Age 65/Trends

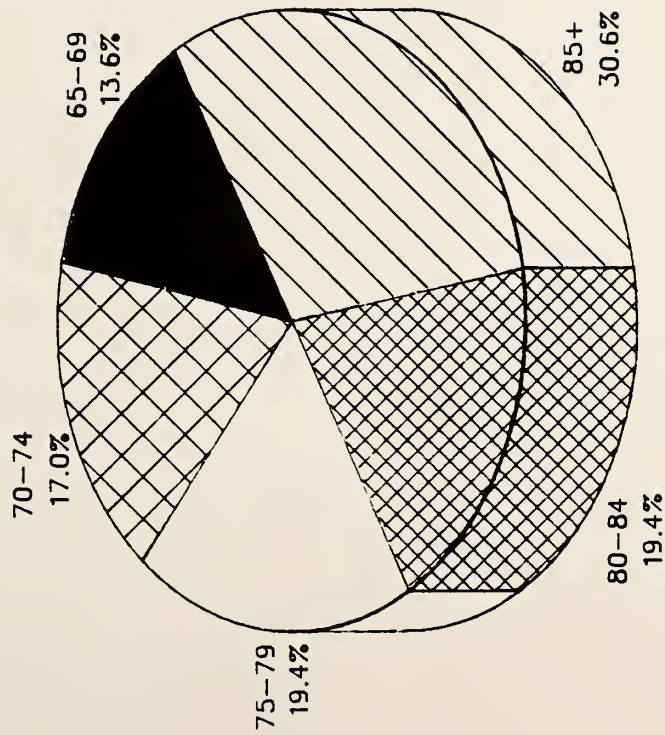
Calendar Year	Male	Female
Number in years		
1965	12.92	16.34
1980	14.04	18.36
1983	14.31	18.64
1984	14.41	18.66
1985	14.39	18.62
1986	14.53	18.68
1987	14.86	18.73
1988	14.93	18.81
1989	15.00	18.89
1990 (est.)	15.07	18.98

SOURCE: SSA/OACT

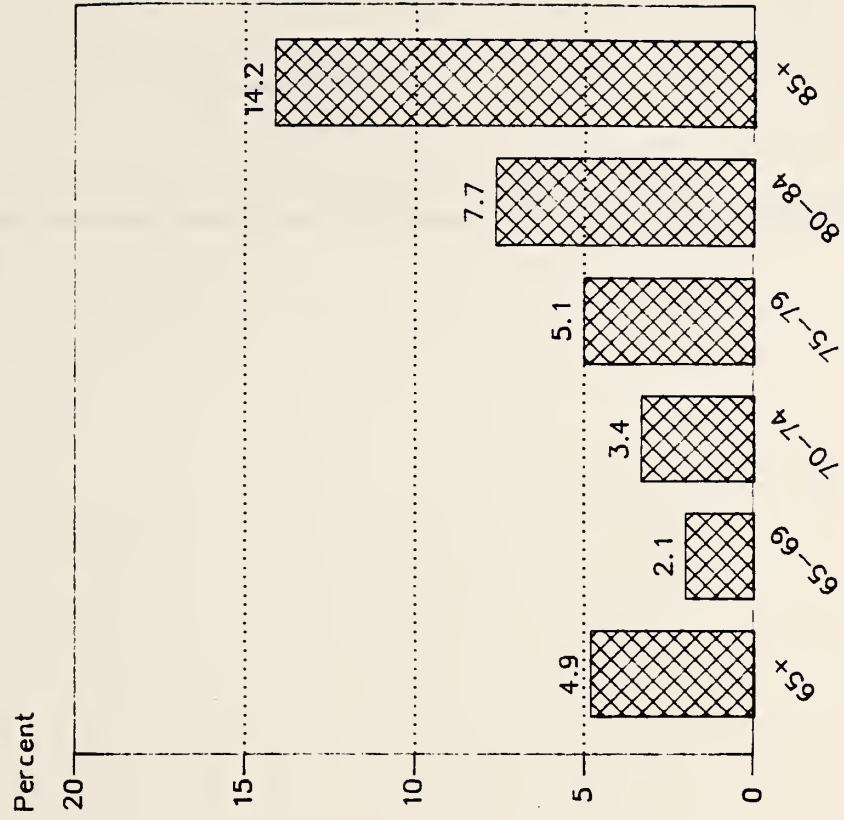
March 1990

# Deaths of Medicare Aged Enrollees During Calendar Year 1988

Percent by Age Group of Total Deaths



Deaths as a Percent of Ever Enrolled



SOURCE: HCFA/BDMS

March 1990



## VI. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.



Economic Profile of Noninstitutionalized Persons Covered  
by Medicare and Medicaid, 1987

- o Although household incomes of persons covered by Medicare are lower than household incomes of all persons, proportionately fewer Medicare persons lived in households with incomes below poverty levels.
- o Household incomes of aged persons covered under Medicare are higher than incomes of disabled persons covered under Medicare. The percent of disabled persons whose household incomes fell below poverty levels was twice the rate of aged persons.
- o The poverty rate of persons covered under Medicaid was nearly five times the rate of all persons in 1987.
- o Among the Medicaid population, the poverty rate for children under age 18 is higher than the rate for older persons.



Number and Percent of Persons in the General  
Population Living Below Poverty Level

Calendar Year	Persons in millions	Percent of General Population
1959	39.5	22.4
1966	28.5	14.7
1970	25.4	12.6
1978	24.5	11.4
1979	26.1	11.7
1980	29.3	13.0
1981	31.8	14.0
1982	34.4	15.0
1983	35.3	15.2
1984	33.7	14.4
1985	33.1	14.0
1986	32.4	13.6
1987	32.3	13.4
1988	31.9	13.1

NOTES: Income estimates beginning in 1987 are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from data in other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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# Number and Percent of Elderly Living Below Poverty Level

Calendar Year	Persons		Poverty Level	
	Number in millions	Percent of Total Elderly	Single Person	Two Persons
			Amount in dollars	
1959	5.5	35.2	\$1,397	\$1,761
1966	5.1	28.5	1,565	1,970
1970	4.8	24.6	1,861	2,348
1978	3.2	14.0	3,127	3,944
1979	3.7	15.2	3,479	4,390
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630
1987	3.6	12.5	5,447	6,872
1988	3.5	12.0	5,674	7,158

NOTES: Income estimates beginning 1987 are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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**Number and Percent of Persons and Families with Female Heads  
Living Below Poverty Level**

Calendar Year	Persons		Families	
	Number in millions	Percent	Number in millions	Percent
1959	7.0	49.4	1.9	42.6
1966	6.9	39.8	1.7	33.1
1970	7.5	38.1	2.0	32.5
1978	9.3	35.6	2.7	31.4
1979	9.4	34.9	2.6	30.4
1980	10.1	36.7	3.0	32.7
1981	11.1	38.7	3.3	34.6
1982	11.7	40.6	3.4	36.3
1983	12.1	40.2	3.6	36.0
1984	11.8	38.4	3.5	34.5
1985	11.6	37.6	3.5	34.0
1986	11.9	38.3	3.6	34.6
1987	12.3	38.3	3.7	34.2
1988	12.1	37.4	3.6	33.5

NOTES: Beginning in 1987, income estimates used for determining persons and families below the poverty level are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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Poverty Levels by Age: Money Income  
and Money Income plus Noncash Benefits, 1987

Age	Money Income <sup>1</sup>		Money Income and Noncash Benefits <sup>2</sup>	
	Poor	Poor and Near Poor	Poor	Poor and Near Poor
All Persons	13.5	18.1	11.2	16.5
Percent of Population				
Under 18	20.6	25.8	17.1	24.1
18 - 64	10.8	14.4	9.4	13.6
65 and over	12.2	20.3	7.5	15.1

<sup>1</sup>Current poverty rate definition.

<sup>2</sup>Poverty Budget Share concept. For definition and alternative definitions of poverty see Estimates of Poverty Including the Value of Noncash Benefits 1985, Bureau of the Census, Technical paper 56.

NOTES: Poor indicates below 100 percent of poverty level. Poor and near poor indicates below 125 percent of poverty level.

SOURCE: U.S. Department of Commerce, Bureau of the Census. Unpublished data.

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Households with Noncash Benefits by Medicare and Medicaid Status  
of Household, 1987

	All Households	Medicare	Medicaid	Non-Medicare/ Non-Medicaid
Total Households in thousands	91,066	22,672	8,314	60,080
Percent of Households with: Means Tested Noncash Benefits				
Food Stamps	7.0	6.3	54.7	0.6
Free or Reduced School Lunch	6.3	2.2	30.7	4.6
Public or Subsidized Renter of Occupied Housing	4.4	6.7	23.4	0.9
Medicaid	9.1	13.1	100.0	0
Non-Means Tested Noncash Benefits				
Regular Price School Lunch	13.9	2.3	4.0	19.6
Group Health Insurance	59.8	31.5	17.7	76.3
Employer or Union Pension Plan	42.2	12.8	10.9	57.6
Medicare	24.9	100.0	35.8	0

NOTES: Noncash benefits are benefits received in a form other than money which enhance the economic well-being of the recipient. Value received by households through employer or union contributions to health insurance or pension plan does not necessarily imply use. Enrollment in Medicare or Medicaid does not necessarily imply use.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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Households and Persons in Households with One or More Persons  
Covered by Medicare or Medicaid by Selected Characteristics, 1987

	All Households	Medicare	Medicaid
Number in thousands	91,066	22,672	8,314
Mean income	\$32,144	\$21,649	\$11,755
Median income	\$25,986	\$15,100	\$7,158
Percent below current poverty rate	13.1	15.5	60.5
Percent Distribution			
Size of Household	100.0	100.0	100.0
One person	24.0	39.6	23.4
Two persons	32.2	43.7	23.1
Three or more persons	43.8	16.7	53.5
Mean size of household	2.63	1.92	3.03
Race of Household			
White	86.2	88.1	64.7
Black	11.2	10.3	31.5
Hispanic origin <sup>1</sup>	6.3	3.3	13.1
Place of Residence	100.0	100.0	100.0
Inside metropolitan areas	77.6	74.1	74.3
Inside central cities	32.7	32.8	45.4
Outside central cities	44.9	41.3	28.8
Outside metropolitan areas	22.4	25.9	25.7
Work Experience in 1987	100.0	100.0	100.0
Worked	72.4	21.7	36.3
Full-time	64.6	12.5	25.5
40 or more weeks	58.1	9.8	15.8
Less than 40 weeks	6.5	2.8	9.7
Part-time	7.8	9.2	10.9
40 or more weeks	4.5	4.9	4.0
Less than 40 weeks	3.2	4.3	6.9
Did not work	27.6	78.3	63.7

<sup>1</sup>Persons of Hispanic origin may be of any race.

NOTE: Percent distribution based on rounded numbers.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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Noninstitutionalized Persons 15 Years and Older Covered by Medicare, by Household  
Income and Poverty Status of the Primary Family or Individual, 1987

Household Money Income	Age		Sex		Race		Hispanic Origin <sup>1</sup>
	65 and over	Under 65	Male	Female	White	Black	
Number in thousands							
Total	27,407	2,878	12,862	17,423	26,936	2,851	1,002
Under \$5,000	2,009	293	586	1,717	1,674	589	164
\$5,000-\$9,999	5,546	645	2,004	4,187	5,301	805	245
\$10,000-\$14,999	4,856	456	2,297	3,016	4,716	529	184
\$15,000-\$19,999	3,867	387	1,964	2,291	3,892	323	118
\$20,000-\$24,999	2,747	256	1,471	1,532	2,793	183	83
\$25,000-\$34,999	3,541	366	1,935	1,971	3,621	217	89
\$35,000-\$49,999	2,503	249	1,348	1,404	2,530	140	56
\$50,000 and over	2,338	226	1,258	1,305	2,408	66	64
Below Current Poverty Level	3,299	760	1,331	2,729	2,906	1,057	310
Percent Distribution							
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under \$5,000	7.3	10.2	4.6	9.9	6.2	20.7	16.4
\$5,000-\$9,999	20.2	22.4	15.6	24.0	19.7	28.2	24.5
\$10,000-\$14,999	17.7	15.8	17.9	17.3	17.5	18.6	18.4
\$15,000-\$19,999	14.1	13.4	15.3	13.1	14.4	11.3	11.8
\$20,000-\$24,999	10.0	8.9	11.4	8.8	10.4	6.4	8.3
\$25,000-\$34,999	12.9	12.7	15.0	11.3	13.4	7.6	8.9
\$35,000-\$49,999	9.1	8.7	10.5	8.1	9.4	4.9	5.6
\$50,000 and over	8.5	7.9	9.8	7.5	8.9	2.3	6.4
Below Current Poverty Level	12.0	26.4	10.3	15.7	10.8	37.1	31.0

<sup>1</sup>Persons of Hispanic origin may be of any race.

NOTE: Percent distribution based on rounded numbers.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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Selected Characteristics of Noninstitutionalized  
Persons 15 Years and Older Covered by Medicare, 1987

Relationship to Family Householder	Number in thousands	Percent
Total Persons	30,285	100.0
In Families	20,638	68.1
Householder	11,214	37.0
Spouse of Householder	7,002	23.1
Other Relative of Householder	2,422	8.0
In Unrelated Subfamilies	26	0.1
Unrelated Individuals	9,620	31.8
Marital Status		
Total Persons	30,285	100.0
Married, Spouse Present	16,394	54.1
Married, Spouse Absent	667	2.2
Widowed	9,825	32.4
Divorced	1,442	4.8
Single (never married)	1,957	6.5
Work Experience in 1987		
Total Persons	30,285	100.0
Worked	3,140	10.4
Worked at Full-Time Jobs	1,792	5.9
40 Weeks or More	1,073	3.5
27-39 Weeks	128	0.4
26 Weeks or Less	591	2.0
Worked at Part-Time Jobs	1,348	4.5
27-39 Weeks	1,059	3.5
26 Weeks or Less	290	1.0
Did Not Work	27,145	89.6
Place of Residence		
Total Persons	30,285	100.0
Inside Metropolitan Areas	22,312	73.7
Inside Central Cities	9,593	31.7
Outside Central Cities	12,719	42.0
Outside Metropolitan Areas	7,973	26.3

NOTE: Percent distribution based on rounded numbers.

SOURCE: U. S. Department of Commerce, Bureau of the Census

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Noninstitutionalized Persons Covered by Medicaid,  
by Household Money Income and Poverty Status  
of the Primary Family or Individual, 1987

Household Money Income	Total	Under 18	18-64	65 and over
Number in thousands				
Total	19,526	8,652	8,475	2,400
Under \$2,500	1,489	692	721	75
\$2,500-\$4,999	3,979	1,759	1,586	635
\$5,000-\$7,499	4,176	1,946	1,705	523
\$7,500-\$9,999	2,476	1,235	988	253
\$10,000-\$12,499	1,834	870	777	188
\$12,500-\$14,999	1,110	451	491	168
\$15,000-\$19,999	1,599	663	747	189
\$20,000 and over	2,864	1,034	1,460	369
Below Current Poverty Level	13,233	6,763	5,412	1,059
Percent Distribution				
Total	100.0	100.0	100.0	100.0
Under \$2,500	7.6	8.0	8.5	3.1
\$2,500-\$4,999	20.4	20.3	18.7	26.5
\$5,000-\$7,499	21.4	22.5	20.1	21.8
\$7,500-\$9,999	12.7	14.3	11.7	10.5
\$10,000-\$12,499	9.4	10.1	9.2	7.8
\$12,500-\$14,999	5.7	5.2	5.8	7.0
\$15,000-\$19,999	8.2	7.7	8.8	7.9
\$20,000 and over	14.7	12.0	17.2	15.4
Below Current Poverty Level	67.8	78.2	63.9	44.1

NOTE: Percent distribution based on rounded numbers.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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Selected Characteristics of Noninstitutionalized  
Persons Covered by Medicaid: 1987

Relationship to Family Householder	Number in thousands	Percent Distribution
Total Persons	19,526	100.0
Male	7,832	40.1
In Families	6,786	34.8
Householder	1,385	7.1
Husband of Householder	158	0.8
Other Relative of Householder	5,242	26.8
In Unrelated Subfamilies	147	0.8
Unrelated Individuals	900	4.6
Female	11,694	59.9
In Families	9,815	50.3
Householder	3,055	15.6
Wife of Householder	1,366	7.0
Other Relative of Householder	5,394	27.6
In Unrelated Subfamilies	280	1.4
Unrelated Individuals	1,599	8.2
Marital Status		
Male	7,832	40.1
Married, Spouse Present	1,440	7.4
Married, Spouse Absent	226	1.2
Widowed	214	1.1
Divorced	290	1.5
Single (never married)	5,662	29.0
Female	11,694	59.9
Married, Spouse Present	1,633	8.4
Married, Spouse Absent	972	5.0
Widowed	1,281	6.6
Divorced	1,217	6.2
Single (never married)	6,591	33.8
Race		
White	11,834	60.6
Black	6,734	34.5
Hispanic Origin <sup>1</sup>	2,845	14.6
Place of Residence		
Inside Metropolitan Areas	14,516	74.3
Inside Central Cities	9,139	46.8
Outside Central Cities	5,377	27.5
Outside Metropolitan Areas	5,011	25.7

<sup>1</sup>Persons of Hispanic origin may be of any race.

NOTE: Percent distribution based on rounded numbers.

SOURCE: U.S. Department of Commerce, Bureau of the Census

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# Income by Source Within Economic Groups of Elderly People Living Alone

	Economic Group				
	All Elderly People Living Alone	Poor	Near Poor	Modest	Moderate/ High
Mean Income	\$14,090	\$4,282	\$6,650	\$11,440	\$31,574
Percent Distribution					
Source of Income	100.0	100.0	100.0	100.0	100.0
Social Security	40.3	79.1	80.9	55.9	21.5
Income from Assets	36.4	3.5	7.6	21.0	52.2
Employer Pensions	11.8	2.7	5.8	13.2	13.3
Employment Earnings	9.2	0.6	2.7	7.4	12.1
Supplemental Security Income	1.1	13.6	2.3	0.1	—
Other	1.3	0.5	0.7	2.5	0.9

NOTES: Alone refers to people living by themselves in independent households. Poor refers to those whose total income is below the official poverty line as defined by the Federal Government, which was \$5,393 in 1987 for a single elderly person. Near-poor refers to those whose income is between 100 and 149 percent of the official poverty line (between \$5,393 and \$8,036 in 1987 for an elderly person living alone). Modest income refers to those whose income is between 150 and 299 percent of the official poverty line (between \$8,036 and \$16,179 in 1987 for an elderly person living alone). Moderate to high refers to those whose income is at or above 300 percent of the official poverty line (more than \$16,179 in 1987 for an elderly person living alone).

SOURCE: ICF Estimates as cited in Old, Alone, and Poor. A Report of The Commonwealth Fund Commission on Elderly People Living Alone, 1987.

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# Net worth of Aged Households by Marital Status, 1984

Net worth	Age and Marital Status					
	65 or Older		65-74		75 or Older	
	Married	Other	Married	Other	Married	Other
Number of households in millions	7.9	10.3	5.5	5.2	2.4	5.1
Percent Distribution						
Total	100	100	100	100	100	100
Negative or \$0	2	10	2	12	3	8
\$1-\$9,999	7	17	7	16	8	18
\$10,000-\$24,999	7	11	7	11	6	11
\$25,000-\$49,999	13	17	13	16	13	18
\$50,000-\$99,999	27	25	27	26	28	24
\$100,000-\$249,999	32	18	32	17	33	18
\$250,000 or more	10	3	11	3	8	2
Median	\$84,400	\$41,500	\$85,420	\$40,780	\$83,400	\$42,710

NOTES: The net worth concept is defined here as wealth minus unsecured debt. Wealth consists of equity (market value minus secured debt) in owner-occupied homes, motor vehicles, business or professional practice, farm or rental properties, vacation homes, other real estate, and financial assets. Social Security wealth, pension wealth and household durable goods are not included in the wealth estimates.

SOURCE: Social Security Bulletin: Volume 52, Number 3, March 1989.

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# Financial Assets of Aged Households by Marital Status, 1984

Financial assets	Age and Marital Status					
	65 or Older		65-74		75 or Older	
	Married	Other	Married	Other	Married	Other
Percent Distribution						
Total	100	100	100	100	100	100
\$0	8	15	8	17	7	13
\$1-\$999	9	16	9	17	10	14
\$1,000-\$9,999	22	24	22	21	22	28
\$10,000-\$24,999	15	15	15	16	14	14
\$25,000-\$49,999	16	13	17	13	15	12
\$50,000-\$99,999	18	12	17	11	21	14
\$100,000 or more	12	5	12	4	12	5
Median <sup>1</sup>	\$20,600	\$6,770	\$20,100	\$5,100	\$21,340	\$8,000

<sup>1</sup>For all households in the group.

NOTE: The financial assets category includes passbook savings accounts, certificates of deposit, interest-earning checking accounts, money market funds, U.S. Government securities, municipal or corporate bonds, stocks and mutual fund shares, U.S. savings bonds, Individual Retirement Accounts and Keogh plans, regular checking accounts, mortgages held for sale of real estate, amount due from sale of business or property, other interest-earning assets, and other financial assets.

SOURCE: Social Security Bulletin: Volume 52, Number 3, March 1989.

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## VII. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., admissions, discharges, days of care, etc.; and (3) dimensions of the services rendered, e.g., average length of stay, charges per day, etc. Utilization data are distributed for program coverage categories and type of service.





# Medicare/Short-Stay Hospital Utilization

	1983	1984	1985	1987 <sup>1</sup>	1988 <sup>1</sup>
Discharges <sup>2</sup>					
Total in millions <sup>3</sup>	11.7	11.5	10.9	10.6	10.8
Rate per 1,000 Enrollees	397	386	359	335	336
Days of Care					
Total in millions	117	105	95	94	97
Rate per 1,000 Enrollees	3,978	3,544	3,125	2,989	3,010
Average Length of Stay per Discharge	10.0	9.2	8.7	8.9	9.0
Total Charges per Day	\$487	\$562	\$594	\$739	\$829

<sup>1</sup>Estimated.

<sup>2</sup>Includes admissions and transfers to excluded units within PPS hospitals.

<sup>3</sup>The population base excludes HI enrollees residing in foreign countries.

NOTE: Fiscal year data. Data in this table are inflated for fiscal years 1984-88 to account for discharges where no discharge bill has been received in central office. Underreporting is due to a variety of reasons including: operational difficulties experienced by intermediaries dealing with the implementation of PPS and the UNIBILL conversion; no-pay, at-risk HMO utilization; and Medicare secondary payer bills. This table attempts to account for HMO and MSP utilization as well as traditional fee-for-service.

SOURCE: HCFA/BDMS

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### Medicare/Short-Stay Hospital Utilization Trends

Calendar Year	All Beneficiaries			
	Covered Days of Care in millions	Covered Days of Care per 1,000 Enrollees	Mean Covered Charge per Covered Day	Mean Interim Reimbursement per Covered Day
1970	76.6	3,764	\$76	\$60
1971	75.9	3,661	88	68
1972	76.6	3,629	96	74
1973	82.5	3,539	105	81
1974	87.9	3,674	121	92
1975	90.0	3,653	147	111
1976	94.2	3,722	173	129
1977	96.4	3,694	199	147
1978	99.3	3,708	227	164
1979	102.3	3,727	257	184
1980	108.3	3,860	298	208
1981	110.5	3,865	353	243
1982	112.6	3,873	421	282
1983	111.1	3,756	491	315

SOURCE: HCFA/BDMS

### Medicare/Short-Stay Hospital Length of Stay Trends

Calendar Year	Average Length of Stay in Days	
	Aged	Disabled
1976	11.1	10.5
1977	11.0	10.3
1978	10.8	10.1
1979	10.7	10.0
1980	10.7	10.0
1981	10.5	9.9
1982	10.2	9.7
1983	9.6	9.2

NOTE: See PPS Activity section for current data.

SOURCE: HCFA/BDMS

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Medicare/Inpatient Hospital Days per Person by Days of Care  
Calendar Year 1987

Total Days of Care	Persons Using That Number of Days in thousands	Percent Distribution	Cumulative Percent Distribution	Total Days Used in thousands	Covered Days Used in thousands	Covered Days as a Percent of Total Days
Total	6,422	100.0	100.0	89,913	86,797	96.5
1 Day (s)	308	4.8	4.8	308	300	97.4
2	413	6.4	11.2	825	807	97.8
3	461	7.2	18.4	1,383	1,358	98.2
4	481	7.5	25.9	1,922	1,888	98.2
5	441	6.9	32.8	2,207	2,170	98.3
6	389	6.1	38.8	2,335	2,294	98.2
7	366	5.7	44.5	2,561	2,519	98.4
8	326	5.1	49.6	2,611	2,570	98.4
9	289	4.5	54.1	2,602	2,560	98.4
10	258	4.0	58.1	2,585	2,542	98.3
11	228	3.6	61.7	2,505	2,462	98.3
12	199	3.1	64.8	2,386	2,344	98.2
13	178	2.8	67.5	2,315	2,281	98.5
14	164	2.6	70.1	2,291	2,254	98.4
15	147	2.3	72.4	2,204	2,171	98.5
16	129	2.0	74.4	2,070	2,036	98.4
17	115	1.8	76.2	1,952	1,921	98.4
18	105	1.6	77.8	1,883	1,853	98.4
19	94	1.5	79.3	1,780	1,755	98.6
20	86	1.3	80.6	1,720	1,692	98.4
21-30	573	8.9	89.5	14,251	14,009	98.3
31-40	278	4.3	93.9	9,730	9,542	98.1
41-50	150	2.3	96.2	6,746	6,599	97.8
51-60	89	1.4	97.6	4,916	4,781	97.3
61-70	53	0.8	98.4	3,448	3,324	96.4
71-80	34	0.5	98.9	2,535	2,421	95.5
81-90	22	0.3	99.3	1,838	1,748	95.1
91-100	14	0.2	99.5	1,286	1,189	92.5
101-125	17	0.3	99.8	1,914	1,702	88.9
126-150	7	0.1	99.9	988	817	82.7
151-175	3	0.1	99.9	519	377	72.6
176-200	2	0.0	99.9	348	210	60.3
201-225	1	0.0	99.9	204	102	50.0
226-250	1	0.0	99.9	157	67	42.7
251-275	(1)	0.0	99.9	105	39	37.1
276-300	(1)	0.0	99.9	82	26	31.7
301-325	(1)	0.0	99.9	62	16	25.8
326-350	(1)	0.0	99.9	49	13	26.5
351+	1	0.0	100.0	292	38	13.0

<sup>1</sup>Less than 500.

NOTES: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data are derived from 1987 MEDPAR person file. This file includes stays recorded in HCFA central office through September 1988.

SOURCE: HCFA/ORD/BDMS

March 1990

Medicare/Short-Stay Hospital Discharges by Length of Stay  
Calendar Year 1987

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number in thousands	Percent Distribution	Cumulative Percent Distribution	Number in thousands	Percent Distribution	Cumulative Percent Distribution
Total	10,110	100.0	100.0	89,913	100.0	100.0
1 Day (s)	683	6.8	6.8	683	0.8	0.8
2	889	8.8	15.5	1,778	2.0	2.7
3	975	9.7	25.2	2,926	3.2	6.0
4	1001	9.9	35.1	4,002	4.4	10.4
5	904	8.9	44.0	4,518	5.0	15.5
6	776	7.7	51.7	4,656	5.2	20.6
7	715	7.1	58.8	5,008	5.6	26.2
8	616	6.1	64.9	4,929	5.5	31.7
9	517	5.1	70.0	4,653	5.2	36.9
10	435	4.3	74.3	4,348	4.8	41.7
11	363	3.6	77.9	3,988	4.4	46.1
12	296	2.9	80.8	3,550	4.0	50.1
13	247	2.4	83.2	3,208	3.6	53.7
14	220	2.2	85.4	3,079	3.4	57.1
15	185	1.8	87.3	2,772	3.1	60.2
16	150	1.5	88.7	2,395	2.7	62.8
17	124	1.2	90.0	2,108	2.3	65.2
18	107	1.1	91.0	1,918	2.1	67.3
19	90	0.9	91.9	1,709	1.9	69.2
20	78	0.8	92.7	1,560	1.7	70.9
21	75	0.7	93.4	1,576	1.8	72.7
22	64	0.6	94.0	1,398	1.6	74.3
23	52	0.5	94.6	1,206	1.3	75.6
24	47	0.5	95.0	1,123	1.2	76.8
25	41	0.4	95.4	1,025	1.1	78.0
26	36	0.4	95.8	937	1.0	79.0
27	32	0.3	96.1	865	1.0	80.0
28	34	0.3	96.5	962	1.1	81.1
29	29	0.3	96.7	834	0.9	82.0
30	25	0.3	97.0	752	0.8	82.8
31-40	150	1.5	98.5	5,213	5.8	88.6
41-50	68	0.7	99.2	3,067	3.4	92.0
51-60	34	0.3	99.5	1,859	2.1	94.1
61-90	36	0.4	99.8	2,599	2.9	97.0
91+	19	0.2	100.0	2,710	3.0	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data are derived from 1987 MEDPAR person file. This file includes discharges recorded in HCFA central office through September 1988.

SOURCE: HCFA/ORD/BDMS

March 1990



Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1988

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <sup>1</sup>
All procedure codes <sup>2</sup>		\$31,697,817,426	100.0
Leading procedure codes		18,030,484,817	56.9
66984	Extracapsular cataract removal with insertion of IOL	1,737,938,403	5.5
90060	Office medical service, established patient; intermediate	1,152,997,752	3.6
90260	Subsequent hospital care, each day; intermediate services	931,920,822	2.9
90050	Office medical service, established patient; limited	909,934,426	2.9
90250	Subsequent hospital care, each day; limited services	597,759,437	1.9
90620	Initial consultation; comprehensive	479,788,719	1.5
90220	Initial hospital care; comprehensive	450,843,326	1.4
93000	Electrocardiogram	335,815,082	1.1
71020	Radiologic examination, chest; two views, frontal and lateral	335,734,884	1.1
90070	Office medical service, established patient; extended	320,860,515	1.0
52601	Transurethral resection of prostate	304,964,618	1.0
90270	Subsequent hospital care, each day; extended services	287,440,690	0.9
A0010	Transportation services including ambulance	276,409,503	0.9
E1396	Oxygen concentrator, equivalent to over 1952 cubic feet	251,770,632	0.8
93010	Electrocardiogram; interpretation and report only	217,375,945	0.7
90080	Office medical service, established patient; comprehensive	213,394,589	0.7
90040	Office medical service, established patient; brief	211,954,373	0.7
33512	Coronary artery bypass, autogenous graft (three coronary grafts)	209,831,322	0.7
66821	Dissection of secondary membranous cataract ('after cataract')	205,819,497	0.6
27447	Arthroplasty, knee, condyle and plateau	198,833,201	0.6
27130	Arthroplasty (total hip replacement)	191,009,423	0.6
90020	Office medical service, new patient; comprehensive	186,717,460	0.6
92014	Ophthalmological services; intermediate	181,029,038	0.6
33513	Coronary artery bypass, autogenous graft, (four coronary grafts)	179,916,894	0.6
45378	Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic	175,457,983	0.6
71010	Radiologic examination, chest; single view, frontal	172,017,703	0.5
90630	Initial consultation; complex	168,316,628	0.5
93547	Combined left heart catheterization, selective coronary angiography	164,645,246	0.5
43235	Upper gastrointestinal endoscopy	158,048,941	0.5
90240	Subsequent hospital care, each day; brief services	149,407,354	0.5
E0410	Oxygen contents, liquid, per pound	149,207,765	0.5
45385	Colonoscopy, fiberoptic, beyond splenic flexure for removal of polypoid lesion(s)	147,305,714	0.5
80019	Automated multichannel test	144,080,675	0.5
A2000	Chiropractic	137,775,117	0.4
92012	Ophthalmological services; intermediate	136,661,237	0.4
27244	Repair of femur fracture	130,032,340	0.4
93309	Echocardiography, M-mode and real time with image documentation	125,810,894	0.4
99173	Critical care, subsequent follow-up visit; intermediate service	124,971,568	0.4
76091	Mammography; bilateral	115,945,330	0.4
93549	Combined right and left heart catheterization	113,526,036	0.4

Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1988 - continued

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <sup>1</sup>
66983	Intracapsular cataract extraction with insertion of IOL	111,846,626	0.4
90215	Initial hospital care; intermediate	110,763,011	0.3
90292	Hospital discharge services	109,903,156	0.3
90280	Subsequent hospital care, each day; comprehensive services	109,775,768	0.3
43239	Upper gastrointestinal endoscopy for biopsy	108,731,389	0.3
E0620	Seat lift chair	108,087,541	0.3
88304	Surgical pathology, gross and microscopic examination	107,048,016	0.3
44140	Colectomy, partial	107,036,815	0.3
90844	Individual medical psychotherapy by a physician (45-50 minutes)	106,038,324	0.3
35301	Thromboendarterectomy	105,496,073	0.3
B4035	Enteral feeding supply kit; pump fed (monthly)	105,342,854	0.3
70450	CAT scan, head or brain; w/o contrast material	105,207,356	0.3
88305	Surgical pathology, gross and microscopic examination; w/o complex dissection	104,537,298	0.3
B4150	Enteral formulae; category I	103,124,587	0.3
92982	Percutaneous transluminal coronary angioplasty	101,512,676	0.3
70470	CAT scan, head or brain; followed by contrast material(s)	100,776,718	0.3
67228	Destruction of extensive or progressive retinopathy; photocoagulation	94,125,708	0.3
93870	Non-invasive studies of carotid arteries, imaging	93,423,992	0.3
27236	Open treatment of closed or open femoral fracture	92,380,320	0.3
99160	Critical care, initial	91,724,912	0.3
77410	Daily megavoltage treatment management; complex	90,805,514	0.3
90015	Office medical service, new patient; intermediate	90,131,705	0.3
A0020	Ambulance service, basic life support (bls), transport, one way	89,317,447	0.3
90517	Emergency department service, new patient; extended service	88,873,703	0.3
A0220	Ambulance service, advanced life support (als) base rate	88,788,430	0.3
90515	Emergency department service, new patient; intermediate	88,743,812	0.3
33511	Coronary artery bypass, autogenous graft (two coronary grafts)	88,615,749	0.3
47605	Cholecystectomy; with cholangiography	87,929,543	0.3
93015	Cardiovascular stress test	82,236,120	0.3
M0945	Outpatient dialysis related physicians' services	81,259,128	0.3
90610	Initial consultation; extended service	80,847,249	0.3
74160	CAT scan, abdomen; with contrast material(s)	80,695,645	0.3
Q0019	Electrocardiographic monitoring for 24 hours by continuous original ECG	80,482,575	0.3
65855	Trabeculoplasty by laser surgery, one or more sessions	80,357,278	0.3
49505	Repair inguinal hernia, age 5 or over	79,957,991	0.3
52000	Cystourethroscopy	79,930,425	0.3
99174	Critical care, subsequent follow-up visit; extended service	78,274,179	0.2
45330	Sigmoidoscopy, flexible fiberoptic	77,887,258	0.2
36415	Routine venipuncture for collection of specimen(s)	77,675,241	0.2
V2632	Posterior chamber intraocular lens	73,913,760	0.2
92004	Ophthalmological services; comprehensive	73,683,326	0.2
81000	Urinalysis	73,608,545	0.2
70551	Magnetic resonance (eg, proton) imaging	73,438,190	0.2
45380	Colonoscopy, fiberoptic, beyond splenic flexure for biopsy	72,412,360	0.2
76700	Echography, abdominal; complete	71,714,413	0.2



Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1988 - continued

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <sup>1</sup>
33514	Coronary artery bypass, autogenous graft (five coronary grafts)	71,179,511	0.2
19240	Mastectomy, modified radical, including axillary lymph nodes	67,407,974	0.2
77405	Daily megavoltage treatment management; simple	63,142,910	0.2
78306	Bone imaging; whole body	62,630,418	0.2
93503	Right heart catheterization with placement of flow directed catheter	60,278,354	0.2
E0260	Hospital bed, with side rails, semi-electric	59,275,076	0.2
E0255	Hospital bed, with side rails variable height	59,193,260	0.2
90843	Individual medical psychotherapy by a physician (20-30 minutes)	58,599,919	0.2
76629	Echocardiography, M-mode and real time with image; chest	56,824,683	0.2
90360	Subsequent care, skilled nursing, intermediate care; intermediate service	56,776,399	0.2
E0265	Hospital bed, total electric with siderails	56,679,728	0.2
85025	Blood count	53,542,810	0.2
47600	Cholecystectomy	52,803,730	0.2
90605	Initial consultation; intermediate service	52,295,278	0.2
35081	Direct repair of aneurysm or occlusive disease, abdominal aorta	51,693,583	0.2
99172	Critical care, subsequent follow-up visit; brief service	51,598,710	0.2
33207	Insertion of permanent pacemaker with transvenous electrodes; ventricular	51,520,091	0.2
93910	Non-invasive studies of lower extremity arteries	51,030,021	0.2
90520	Emergency department service, new patient; comprehensive	51,026,318	0.2
A4900	Continuous ambulatory peritoneal dialysis, supply kit	50,715,923	0.2
76516	Ophthalmic biometry by ultrasound echography	50,337,912	0.2
74170	CAT scan, abdomen; followed by contrast material(s)	50,198,401	0.2

<sup>1</sup> Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

<sup>2</sup> Allowed charges were aggregated by procedure code. A total of 107 procedure codes had allowed charges of \$50 million or more and were retained for analysis.

NOTE: Part B Medicare Annual Data (BMAD).

SOURCE: HCFA/BDMS

March 1990

Medicare Persons Served/Trends

	1967	1975	1980	1985	1986	1987	1988 <sup>1</sup>
Aged Persons Served per 1,000 Enrollees							
HI and/or SMI	367	528	638	722	727	754	761
HI	203	221	240	219	213	210	206
SMI	365	536	652	739	751	776	786
Disabled Persons Served per 1,000 Enrollees							
HI and/or SMI	--	450	594	669	681	696	699
HI	--	219	246	228	226	219	214
SMI	--	471	634	715	729	748	756

<sup>1</sup>Estimated based on July 1 enrollment. Rates may differ from estimates using risk-based enrollment.

NOTE: Calendar year data.

SOURCE: HCFA/OACT/BDMS

March 1990

Medicare Persons Served/Type of Service  
Calendar Year 1987

	Aged		Disabled	
	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	22,154	754	2,108	696
Hospital Insurance	6,048	210	665	219
Inpatient Hospital	5,752	200	642	212
Skilled Nursing Facility	283	10	10	3
Home Health Agency	1,447	50	97	32
Supplementary Medical Insurance	22,020	776	2,085	748
Physician and Other Medical	21,496	757	1,986	712
Outpatient	11,939	421	1,288	462
Home Health Agency	31	1	(2)	--

<sup>1</sup> Medicare enrollees who received a covered service for which: 1) Medicare Trust Fund payments were made; and 2) bills were received and processed in HCFA central office.

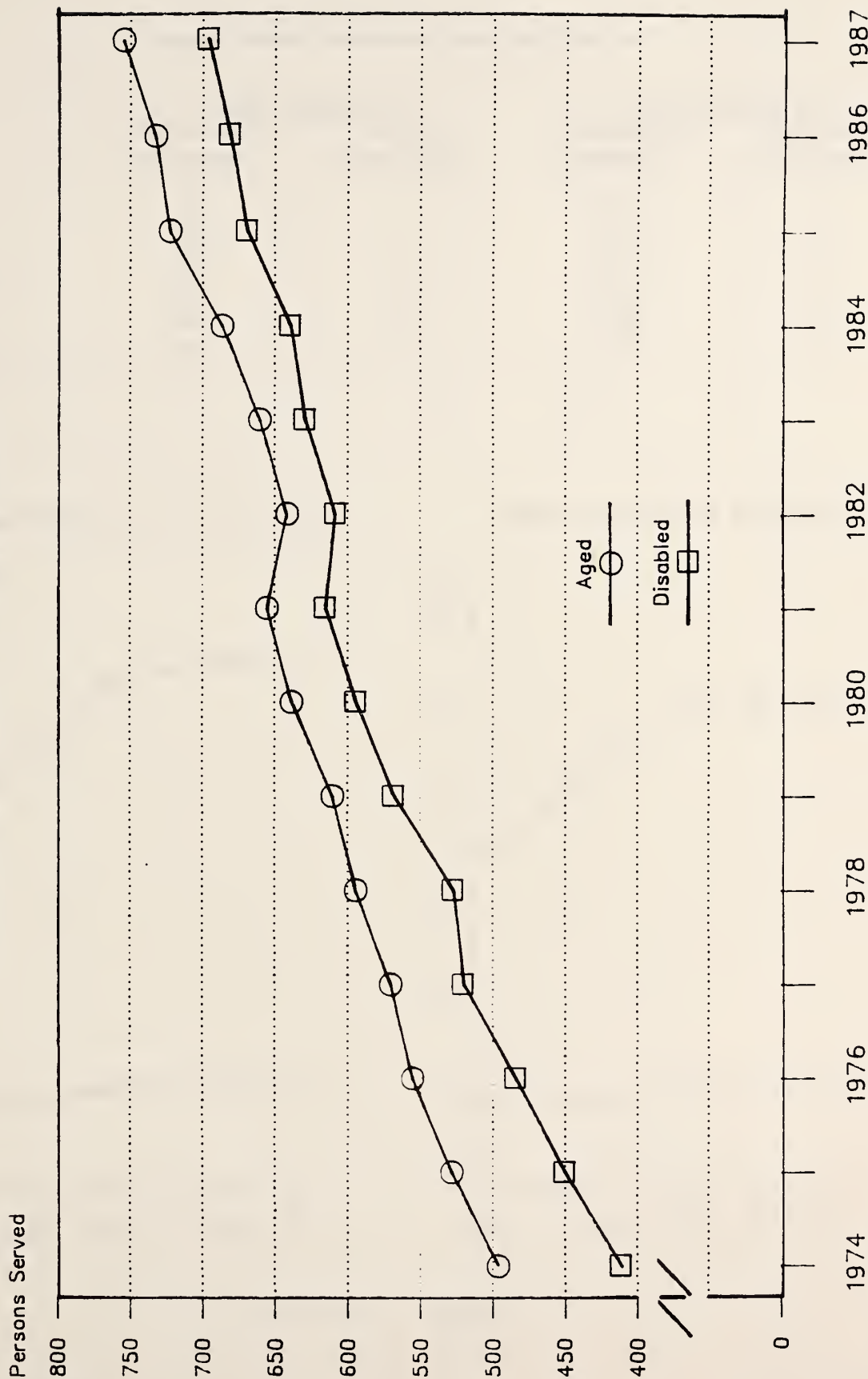
<sup>2</sup> Less than 500.

SOURCE: HCFA/BDMS

March 1990



# Medicare—Persons Served per 1,000 Enrollees HI and/or SMI Calendar Years 1974–1987



SOURCE: HCFA/BDMS

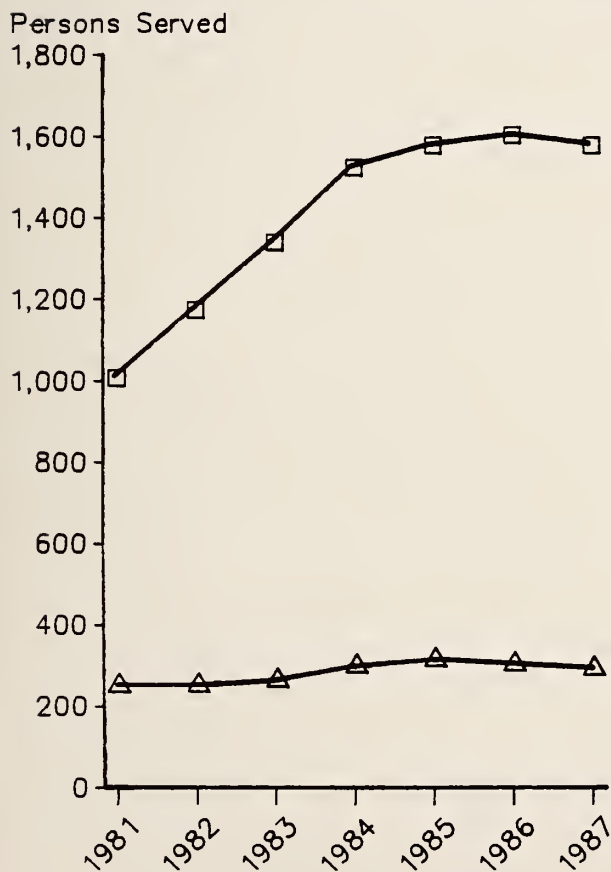
March 1990



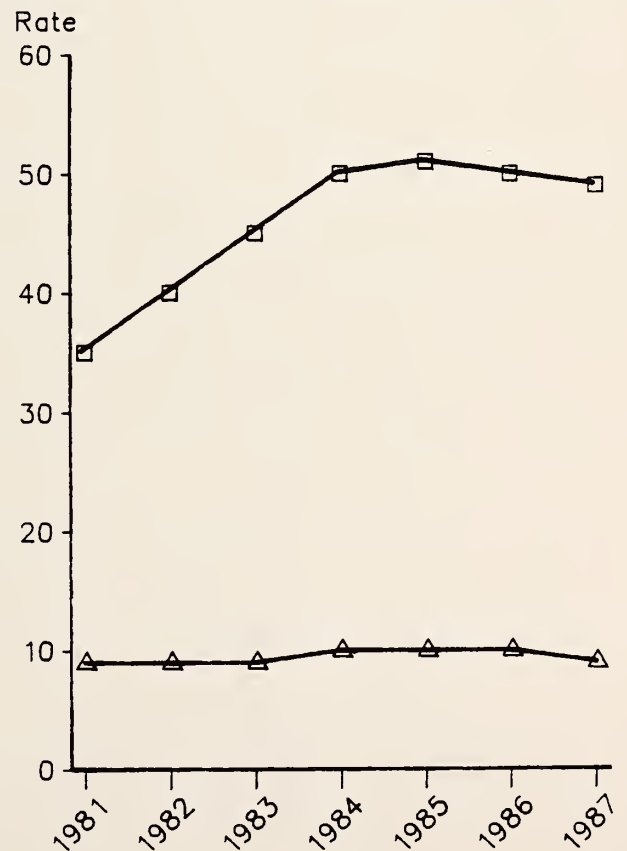
Medicare/Trends in Use of Selected Types of Long Term Care

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1981	251	9	1,005	35
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,522	51
1986	304	10	1,601	50
1987	293	9	1,575	49

Persons Served in Thousands



Rate per 1,000 Enrollees



HHA —■—

SNF —▲—





End Stage Renal Disease/Care Provided by  
Medicare Approved Facilities

	1985	1986	1987	1988
Dialysis Patients	84,797	90,886	98,432	105,958
In-unit	68,394	73,800	80,149	87,195
Home	16,403	17,086	18,283	18,763
Transplant Patients	7,676	8,948	8,949	8,909
Transplant Procedures	7,695	8,976	8,967	8,932
Living Related Donor	1,876	1,887	1,907	1,760
Living Unrelated Donor	--	--	--	56
Cadaveric Donor	5,819	7,089	7,060	7,116
Average Dialysis Payment Rate	\$129	\$127	\$127	\$127
Hospital Based	\$131	\$129	\$129	\$129
Independents	\$127	\$125	\$125	\$125

NOTE: Calendar year data.

SOURCE: HCFA/BPD/BDMS

March 1990

Medicare/ESRD Patients by Treatment Setting  
Calendar Year 1988

HCFA Region	Number of Patients			Percent Distribution		
	Total	In-Center	At Home	Total	In-Center	At Home
All Regions	105,958	87,195	18,763	100.0	82.3	17.7
Boston	4,629	3,705	924	100.0	80.0	20.0
New York	14,737	12,183	2,554	100.0	82.7	17.3
Philadelphia	12,760	10,786	1,974	100.0	84.5	15.5
Atlanta	21,499	17,946	3,553	100.0	83.5	16.5
Chicago	16,951	13,315	3,636	100.0	78.5	21.5
Dallas	12,352	10,558	1,794	100.0	85.5	14.5
Kansas City	4,088	2,867	1,221	100.0	70.1	29.9
Denver	1,896	1,409	487	100.0	74.3	25.7
San Francisco	14,564	12,783	1,781	100.0	87.8	12.2
Seattle	2,482	1,643	839	100.0	66.2	33.8

SOURCE: HCFA/BDMS

March 1990

**Medicaid/Recipients by Type of Service**

	1987	1988
	Number in thousands	
Total	23,183	22,907
Inpatient Services		
General Hospitals	3,783	3,832
Mental Hospitals	55	60
Skilled Nursing Facilities	574	579
ICF Services		
Mentally Retarded	149	145
All Other	842	866
Physician Services	15,325	15,265
Dental Services	5,121	5,072
Other Practitioner Services	3,592	3,480
Outpatient Hospital Services	10,967	10,533
Clinic Services	2,143	2,256
Laboratory & Radiological	7,492	7,579
Home Health Services	622	569
Prescribed Drugs	15,130	15,323
Family Planning Services	1,638	1,525
Early and Periodic Screening	2,230	2,295
Rural Health Clinics	129	140
Other Care	3,595	4,166

NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

**Medicaid/Units of Services  
Fiscal Year 1988**

	Units in thousands
General Hospital	
Total Discharges	3,519
Recipients Discharged	2,560
Total Days of Care	23,381
Skilled Nursing Facility	
Total Recipients	565
Total Days of Care	117,516
Intermediate Care Facility (excluding MR)	
Total Recipients	880
Total Days of Care	228,776
Home Health Visits	40,588
Physician Visits	90,944
Rural Health Clinic Visits	452
Drug Prescriptions	338,477

NOTE: The data for units of services are not based on all jurisdictions.

SOURCE: HCFA/BDMS

March 1990

Medicaid/Abortions

	1986	1987	1988	1989
Total Number Reported	232	91	94	48
Annual Percent Change		-60.8	3.3	-48.9
Total Expenditures in thousands	\$139	\$128	\$81	\$52
Annual Percent Change		-7.9	-36.7	-35.8

NOTES: Fiscal year data. Data for this report are taken from the 64.9 forms submitted by the Medicaid jurisdictions as part of their quarterly statement of expenditures. Expenditures shown include both the Federal and State shares.

SOURCE: HCFA/BQC

Medicaid/EPSTD

	1986	1987	1988	1989
Total Reported Individuals Screened in thousands	2,818	2,844	3,000	3,425
Total Payments for Screening in millions <sup>1</sup>	\$129	\$142	<sup>2</sup> \$159	\$154
Average Screening Cost	\$45	\$50	\$53	\$45

<sup>1</sup>Excludes treatment costs for referable conditions.

<sup>2</sup>Estimate: HCFA-25

NOTE: Fiscal year data.

SOURCE: HCFA/BQC

Medicaid/EPSTD

	1987	1988	1989
Average Number of Eligible Children	9,575,100	9,625,736	10,541,029
Average Number Enrolled in Continuing Care Arrangements	939,863	962,390	1,024,870
Percent of Eligible Children Enrolled	9.8	10.0	9.7
Number of Initial and Periodic Examinations	2,829,568	3,000,290	3,424,844
Number of Examinations where at Least One Referable Condition was Identified	779,204	805,165	847,375

NOTES: Fiscal year data. Data for this table are taken from HCFA-420 EPSTD quarterly reports. Excludes Puerto Rico, American Samoa and the Northern Mariana Islands.

SOURCE: HCFA/BQC

March 1990

# National/Community Hospital Utilization Trends

	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expense per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989 <sup>1</sup>	31.0	224	7.2	279	641

<sup>1</sup>Estimate is based on the 12 month period ending September, 1989.

SOURCE: American Hospital Association data for 1973-1988 are based on annual survey data as reflected in the American Hospital Association's Hospital Statistics, 1974-1989 Editions. Data for 1989 are partially estimated using AHA's Community Hospital Panel Survey.

March 1990





## VIII. PROVIDERS/SUPPLIERS

**Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).**

Current and trend data are shown by type of provider/supplier and program participation.



### Medicare Inpatient Hospitals/Trends

	1975	1980	1985	1988	1989
Total Hospitals	6,773	6,777	6,707	6,687	6,508
Beds in thousands	1,140	1,150	1,144	1,118	1,103
Beds per 1,000 Enrollees <sup>1</sup>	51.7	46.7	42.5	39.1	38.0
Short-Stay	6,107	6,104	6,034	5,800	5,582
Beds in thousands	902	991	1,027	991	973
Beds per 1,000 Enrollees <sup>1</sup>	40.9	40.2	38.2	34.7	33.5
Psychiatric	385	408	474	604	636
Beds in thousands	199	131	95	94	96
Beds per 1,000 Enrollees <sup>1</sup>	9.0	5.3	3.5	3.3	3.3
Other Long-Stay	281	265	199	283	290
Beds in thousands	40	28	22	33	34
Beds per 1,000 Enrollees <sup>1</sup>	1.8	1.1	0.8	1.2	1.2

<sup>1</sup>Based on number of aged HI enrollees.

NOTES: Facility data as of July 1. Rates for 1989 based on July 1, 1988 enrollment. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: HCFA/ORD/BDMS

### Other Medicare Providers and Suppliers/Trends

	1975	1980	1985	1988	1989
Skilled Nursing Facilities	5,295	5,052	6,451	7,507	8,198
Beds in thousands	287	436	N/A	456	491
Home Health Agencies	2,242	2,924	5,679	5,688	5,546
Independent Laboratories	3,048	3,447	3,980	4,571	4,613
End Stage Renal Disease Facilities	--	999	1,393	1,755	1,875
Outpatient Physical Therapy	117	419	854	1,044	1,082
Portable X-Ray	132	216	308	409	418
Rural Health Clinics	--	391	428	450	484
Comprehensive Outpatient Rehabilitation Facilities	--	--	72	146	170
Ambulatory Surgical Centers	--	--	336	950	1,096
Hospices	--	--	164	522	703

NOTES: Facility data as of July 1. N/A indicates data are not available.

SOURCE: HCFA/ORD/BDMS

March 1990

**Selected Medicare Facilities/Type of Control**

	Short- Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,582	8,198	5,546
<b>Percent Distribution</b>			
Nonprofit	56.4	28.9	39.9
Proprietary	13.8	64.8	34.6
Government	29.8	6.3	25.5

NOTES: Data as of July 1988. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: HCFA/BDMS

**Medicare PIP Facilities/Trends**

	1975	1980	1985	1987	1988	1989
<b>Hospitals</b>						
Number of PIP	1,524	2,276	3,242	1,531	1,470	1372
Percent of Total Participating	22.5	33.8	48.3	22.8	22.0	20.8
<b>Skilled Nursing Facilities</b>						
Number of PIP	161	203	224	256	152	493
Percent of Total Participating	4.1	3.9	3.4	3.5	2.0	5.8
<b>Home Health Agencies</b>						
Number of PIP	86	481	931	1,129	1,109	1125
Percent of Total Participating	3.8	16.0	16.0	19.3	19.6	19.7

NOTES: Data from 1985 to date are as of September; prior years as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many inpatient hospital services in PPS hospitals except for those having a disproportionate share adjustment of at least 5.1 percent during fiscal year 1987 and for rural hospitals with fewer than 100 beds where the servicing intermediary meets specified processing time standards.

SOURCE: HCFA/BPO/BDMS

March 1990

# Medicare Assigned Claims/Trends

Fiscal Year	Net Assignment Rate
1975	51.9
1976	51.0
1977	50.5
1978	50.6
1979	51.1
1980	51.4
1981	52.2
1982	52.8
1983	53.5
1984	56.4
1985	67.7
1986	68.0
1987	71.7
1988	76.3
1989	79.3

SOURCE: HCFA/BPO

March 1990

## Medicare/Participating Physician and Supplier Program

### Participation Status - January 1, 1989

40.7% Physicians <sup>1</sup>      283,475 Participating  
696,848 Billing Medicare

22.0% Suppliers      24,938 Participating  
118,745 Billing Medicare

### Comparison to Prior Enrollments

	<u>January 1989</u>		<u>April 1988</u>	<u>January 1987</u>	<u>May 1986</u>
	<u>Number</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Physicians <sup>1</sup>	283,475	40.7	37.3	30.6	28.3
Suppliers	24,938	21.0	20.3	18.6	19.0
Total	308,413	37.8	34.8	29.1	27.1

<sup>1</sup> Includes M.D.s, D.O.s, and limited license practitioners.

NOTES: The participating physician/supplier program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians and suppliers to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in his private practice but not in his group practice is counted as participating.

SOURCE: HCFA/BPO

March 1990



# Medicare Participating Physicians and Suppliers

Specialty	Percent of Participation
Physicians (M.D.s and D.O.s)	
General Practice	35.8
General Surgery	52.2
Otology, Laryngology, Rhinology	41.2
Anesthesiology	28.3
Cardiovascular Disease	55.5
Dermatology	48.7
Family Practice	39.7
Internal Medicine	45.2
Neurology	49.2
Obstetrics - Gynecology	44.2
Ophthalmology	50.5
Orthopedic Surgery	49.2
Pathology	50.6
Psychiatry	37.8
Radiology	49.6
Urology	45.6
Nephrology	60.0
Clinic or Other Group Practice-Not GPPP	67.8
Other Physicians	26.0
Total Physicians	40.2
Limited License Practitioners (LLP)	
Chiropractor	24.8
Podiatry - Surgical Chiropody	52.6
Optometrist	48.9
Other Limited License Practitioners (Audiologist, psychologist, physical therapist, occupational therapist)	35.3
Total Limited License Practitioners	44.5
Suppliers	
Independent Laboratory	20.1
Durable Medical Equipment Suppliers	30.1
Ambulance Service Suppliers	43.8
Other Suppliers	17.5
Total Suppliers	21.0

NOTE: Data as of January 1989.

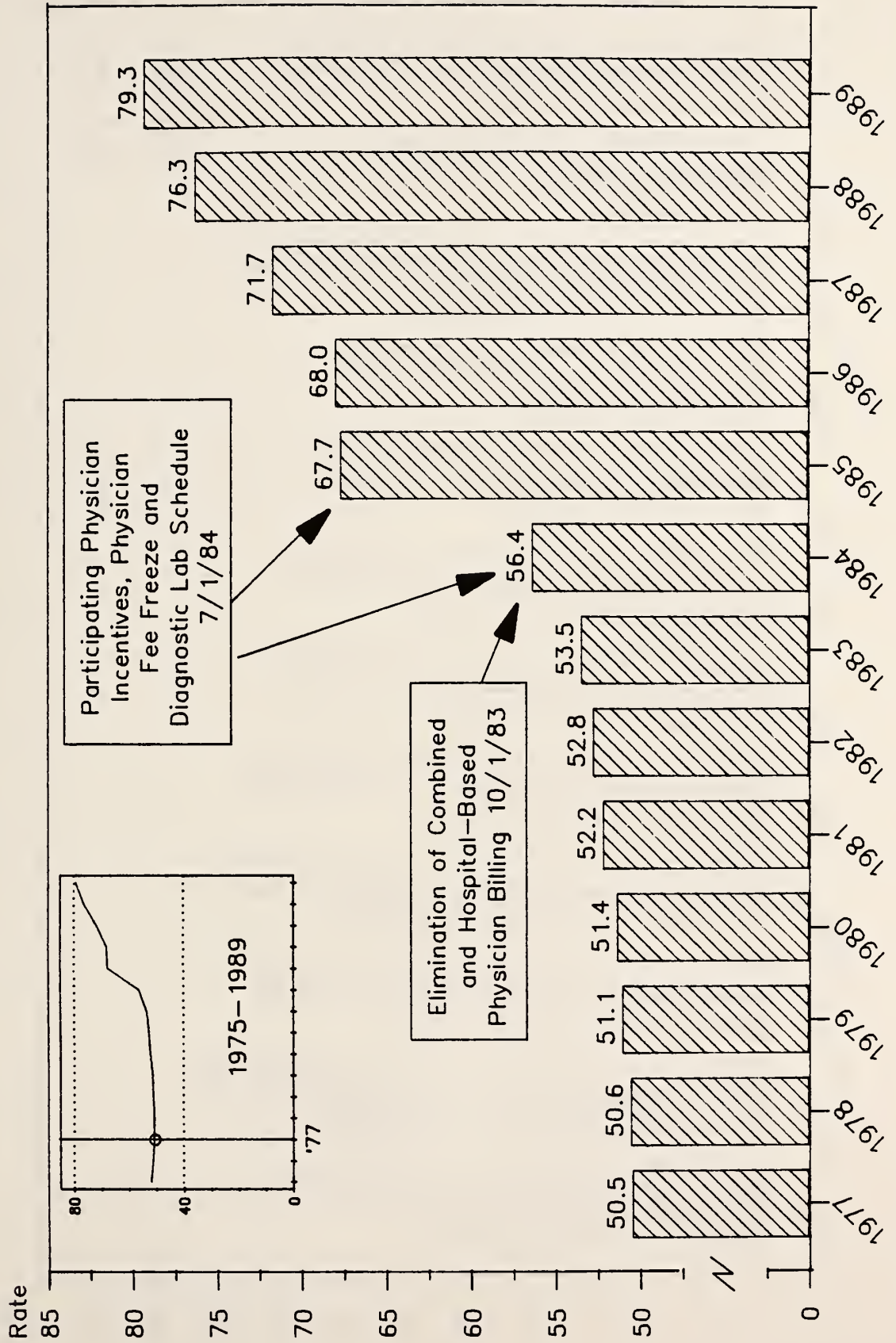
SOURCE: HCFA/BPO

March 1990





# Medicare Physician/Supplier Net Assignment Rates Fiscal Years 1977-1989

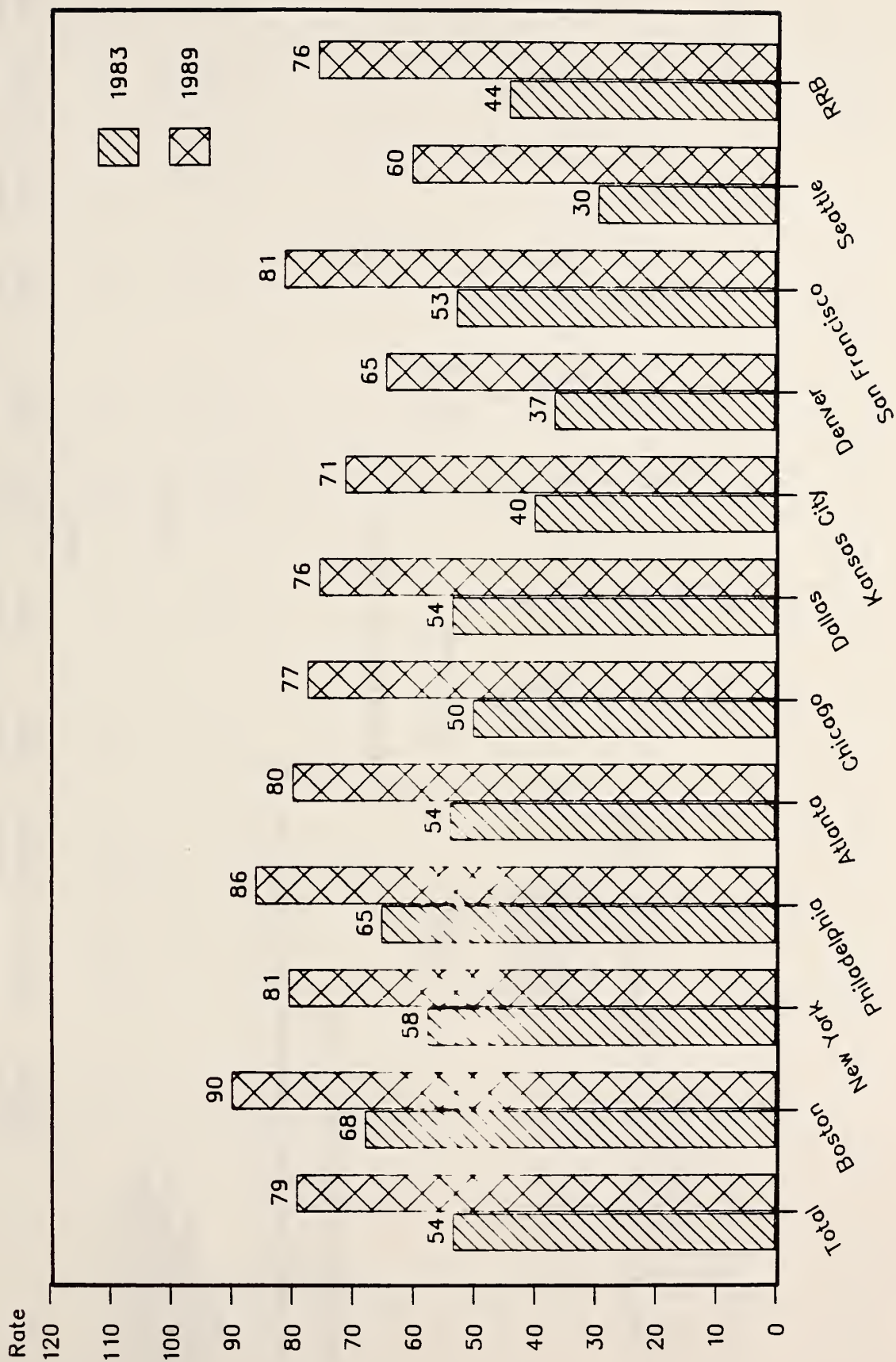


SOURCE: HCFA/BPO

March 1990



# Medicare Assignment Rate by HCFA Region Fiscal Year 1983 versus 1989



SOURCE: HCFA/BPO

March 1990



Medicare/Benefit and Premium Summary  
TEFRA Risk HMOs and CMPs

	Routine Physicals	Immunization	Health Education	Outpatient Drugs	Foot Care	Eye Exams	Lenses	Ear Exams	Hearing Aids	Dental	Outpatient Mental Health
Number and Percent of Plans Whose Basic Option Package Offers Additional Benefits in Specified Categories	108	100	81	38	13	72	21	41	12	17	31
	82	76	62	29	12	56	17	32	9	13	23
Plans Charging Copayments for Basic Package: 116 yes (89%); 15 no (11%)											
Plans Offering High Option Package: 7 or 6%											
<u>Distribution of Basic Premiums</u>											
		<u>Range</u>		<u>Number of plans</u>							<u>Percent</u>
		\$0		13							10
		\$0.01 - \$19.99		18							14
		\$20.00 - \$40.00		54							40
		above \$40.00		47							36

Average Basic Premium = \$31.90    Highest Basic Premium = \$74.69

NOTE: Data as of December 1, 1989.

SOURCE: HCFA/OPHC

March 1990



**Medicare/Enrollment and Payment Summary for HMOs and CMPs**

Type of Contract	Number of Contracts	Number of Enrollees	October 1989 Payment in millions	Payment Fiscal Year to Date in millions
Total	195	1,842,554	\$361.9	\$1,089.8
Risk	137	1,161,513	309.3	928.6
TEFRA <sup>1</sup>	131	1,134,039	301.7	905.5
Old Risk	2	10,793	2.5	7.6
Demos	4	16,681	5.1	15.5
TEFRA Cost <sup>2</sup>	23	129,915	12.9	39.1
HCPP Part B <sup>3</sup>	35	551,126	39.7	122.1

<sup>1</sup>Includes 29 contracts which have been signed, but for which no payment has been made for December 1989. Also includes 5 Diagnostic Cost Groupings (DCGs).

<sup>2</sup>Includes 8 plans with TEFRA risk contracts which have enrollees still being paid under the cost methods.

<sup>3</sup>Includes enrollment for 11 HCPPs which have signed risk contracts but have HCPP enrollees remaining.

NOTES: Data as of December 1, 1989. Data for fiscal year payment include the current month.

SOURCE: HCFA/OPHC

March 1990

**Medicare/Federal Qualification Summary  
for HMOs and CMPs**

	Number Qualified	Number Eligible	Number Pending
HMOs	455	--	11
Service Area Expansion	--	--	5
Regional Component	--	--	2
New Applications	--	--	4
CMPs	--	36	3
Service Area Expansion	--	--	0

NOTES: Data as of December 1, 1989. HMOs are Health Maintenance Organizations. CMPs are Competitive Medical Plans.

SOURCE: HCFA/OPHC

March 1990



Medicare/Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
1986			
January	105	467,375	\$96.7
February	105	487,617	100.8
March	114	530,658	112.9
April	119	566,190	118.4
May	126	596,015	120.2
June	132	630,374	130.1
July	137	667,212	135.1
August	139	710,542	145.1
September	142	735,600	151.1
October	143	772,488	160.1
November	146	789,227	163.1
December	149	813,712	168.3
1987			
January	145	836,713	172.5
February	151	849,077	185.0
March	151	867,087	183.0
April	152	903,394	190.0
May	152	914,715	188.0
June	154	910,909	186.3
July	156	937,060	194.8
August	156	949,363	195.8
September	157	958,345	197.0
October	158	981,068	202.9
November	159	990,299	212.3
December	161	1,002,896	214.9
1988			
January	133	981,145	234.9
February	134	966,931	230.2
March	135	975,328	239.7
April	137	989,886	243.6
May	137	999,515	240.8
June	138	1,009,765	249.7
July	141	1,023,110	252.9
August	140	1,033,543	256.0
September	153	1,040,966	257.8
October	155	1,047,423	259.7
November	155	1,054,761	261.8
December	154	1,062,712	264.4
1989			
January	133	1,039,901	283.9
February	133	1,046,645	286.1
March	133	1,055,010	288.7
April	133	1,061,582	290.7
May	133	1,069,663	293.2
June	133	1,075,499	295.0
July	133	1,088,108	299.0
August	133	1,096,394	302.0
September	131	1,102,693	303.4
October	131	1,113,939	303.7
November	131	1,124,387	300.1
December	131	1,134,039	301.7

SOURCE: HCFA/OPHC

March 1990

Medicare/Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
Signed TEFRA Risk Contracts				
Model				
IPA	53	55	405,612	37
Group	29	30	293,102	27
Staff	14	15	392,921	36
Ownership				
Profit	51	53	633,891	58
Nonprofit	45	47	457,744	42
Signed TEFRA Cost Contracts <sup>1</sup>				
Model				
IPA	8	30	75,817	57
Group	9	35	31,284	23
Staff	9	35	26,078	20
Ownership				
Profit	8	31	46,905	35
Nonprofit	18	69	86,274	65

<sup>1</sup>Does not include cost enrollees remaining in risk plans.

NOTES: Data as of January 1, 1990. IPA is the Individual Practice Association.

SOURCE: HCFA/OPHC

March 1990

# Medicare Prepaid Operations

	Pre-TEFRA <sup>1</sup>		Post-TEFRA <sup>2</sup>	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
Total Prepaid	154	1,076,115	195	1,842,554
HCPPs and GPPPs	46	612,131	35	551,126
Total HMOs	108	463,984	160	1,291,428
TEFRA Risk	--	--	131	1,134,039
Old Risk	4	37,353	2	10,793
Cost Basis	65	116,608	23	129,915
DEMO	39	310,023	4	16,681

<sup>1</sup>Data as of March 1985.

<sup>2</sup>Data as of December 1989.

SOURCE: HCFA/OPHC

March 1990

Medicare Enrollee Distribution by State as of January 1, 1990

	July 1, 1988		Enrollees as a Percent of Total Population	TEFRA RISK Enrollees January 1, 1990	TEFRA Risk Enrollees as a Percent of Medicare Enrollees
	Total Population in thousands	Medicare Enrollees in thousands			
Total	249,394	32,695	13	1,134,039	3
Alabama	4,102	563	14	0	0
Alaska	524	22	4	0	0
Arizona	3,489	462	13	29,306	6
Arkansas	2,395	381	16	0	0
California	28,314	3,152	11	347,510	11
Colorado	3,301	334	10	34,938	10
Connecticut	3,233	456	14	6,460	1
Delaware	660	84	13	0	0
D. C.	617	78	13	0	0
Florida	12,335	2,201	18	206,101	9
Georgia	6,342	699	11	1,136	0
Hawaii	1,098	118	11	11,237	10
Idaho	1,003	126	13	0	0
Illinois	11,614	1,500	13	49,947	3
Indiana	5,556	737	13	7,069	1
Iowa	2,834	449	16	2,674	1
Kansas	2,495	355	14	5,659	2
Kentucky	3,727	518	14	1,494	0
Louisiana	4,408	513	12	0	0
Maine	1,205	178	15	0	0
Maryland	4,622	517	11	2,703	1
Massachusetts	5,889	850	14	36,680	4
Michigan	9,240	1,190	13	17,186	1
Minnesota	4,307	573	13	82,828	14
Mississippi	2,620	357	14	0	0
Missouri	5,141	761	15	3,120	0
Montana	805	113	14	0	0
Nebraska	1,602	233	15	3,880	2
Nevada	1,054	121	11	9,361	8
New Hampshire	1,085	132	12	0	0
New Jersey	7,721	1,066	14	4,280	0
New Mexico	1,507	167	11	10,663	6
New York	17,909	2,480	14	57,876	2
North Carolina	6,489	843	13	1,495	0
North Dakota	667	97	15	0	0
Ohio	10,855	1,491	14	9,704	1
Oklahoma	3,242	437	13	1,238	0
Oregon	2,767	403	15	58,496	15
Pennsylvania	12,001	1,902	16	16,216	1
Puerto Rico	3,291	414	13	0	0
Rhode Island	993	155	16	1,507	1
South Carolina	3,470	418	12	0	0

Medicare Enrollee Distribution by State as of January 1, 1990

	July 1, 1988		Enrollees as a Percent of Total Population	TEFRA RISK Enrollees January 1, 1990	TEFRA Risk Enrollees as a Percent of Medicare Enrollees
	Total Population in thousands	Medicare Enrollees in thousands			
South Dakota	713	108	15	0	0
Tennessee	4,895	665	14	0	0
Texas	16,841	1,732	10	17,464	1
Utah	1,690	149	9	0	0
Vermont	557	72	13	0	0
Virgin Islands	103	7	7	0	0
Virginia	6,015	686	11	0	0
Washington	4,648	584	13	48,095	8
West Virginia	1,876	300	16	0	0
Wisconsin	4,855	695	14	5,312	1
Wyoming	479	49	10	0	0
Other Outlying Areas	193	2	1	0	0

NOTE: Resident population for July 1, 1988 is a provisional estimate.

SOURCE: HCFA/OPHC, BDMS, and Bureau of the Census

March 1990



## Physicians/Trends

Year	Type of Physician			Active Physicians per 10,000 Population
	Total	Doctors of Medicine	Doctors of Osteopathy	
1970	326,500	314,200	12,300	15.6
1971	337,400	325,000	12,400	15.9
1972	348,300	335,500	12,800	16.3
1973	355,700	342,500	13,200	16.4
1974	370,000	356,400	13,600	16.9
1975	384,500	370,400	14,100	17.4
1976	399,500	385,000	14,500	17.9
1977	405,900	390,800	15,100	18.0
1978	424,000	408,300	15,700	18.6
1979	440,400	424,000	16,400	19.1
1980	457,500	440,400	17,100	19.7
1981	466,700	448,700	18,000	19.9
1982	483,700	465,000	18,700	20.5
1983	501,200	481,500	19,700	21.1
1984	N/A	N/A	N/A	N/A
1985	534,800	512,900	21,900	22.0
1986	544,800	522,000	22,800	22.5
1987	560,100	536,000	24,100	22.7
1988	573,600	548,300	25,300	23.0
Projected				
1990	601,100	573,300	27,800	24.0
2000	721,600	682,100	39,500	26.9
2010	810,100	759,600	50,500	28.7
2020	848,700	789,600	59,100	28.8

NOTES: Data are based on reporting by physicians and medical schools. The resident population includes U.S. residents in the 50 States, District of Columbia, and civilians in Puerto Rico, other U.S. outlying areas and the Armed Forces abroad. The number of M.D.'s differ from American Medical Association figures because a variant proportion of the physicians not classified by activity status and whose addresses are unknown are allocated into the totals. N/A indicates data are not available.

SOURCES: HRSA/Bureau of Health Professions and Bureau of the Census

March 1990

Ratio of Non-Federal Physicians  
Involved in Patient Care  
per 100,000 Civilian Population, 1987

HCFA Region	Ratio	Index
Total	186	1.00
Boston	240	1.29
New York	239	1.28
Philadelphia	211	1.13
Atlanta	159	0.85
Chicago	172	0.92
Dallas	152	0.82
Kansas City	156	0.84
Denver	163	0.88
San Francisco	204	1.10
Seattle	170	0.91

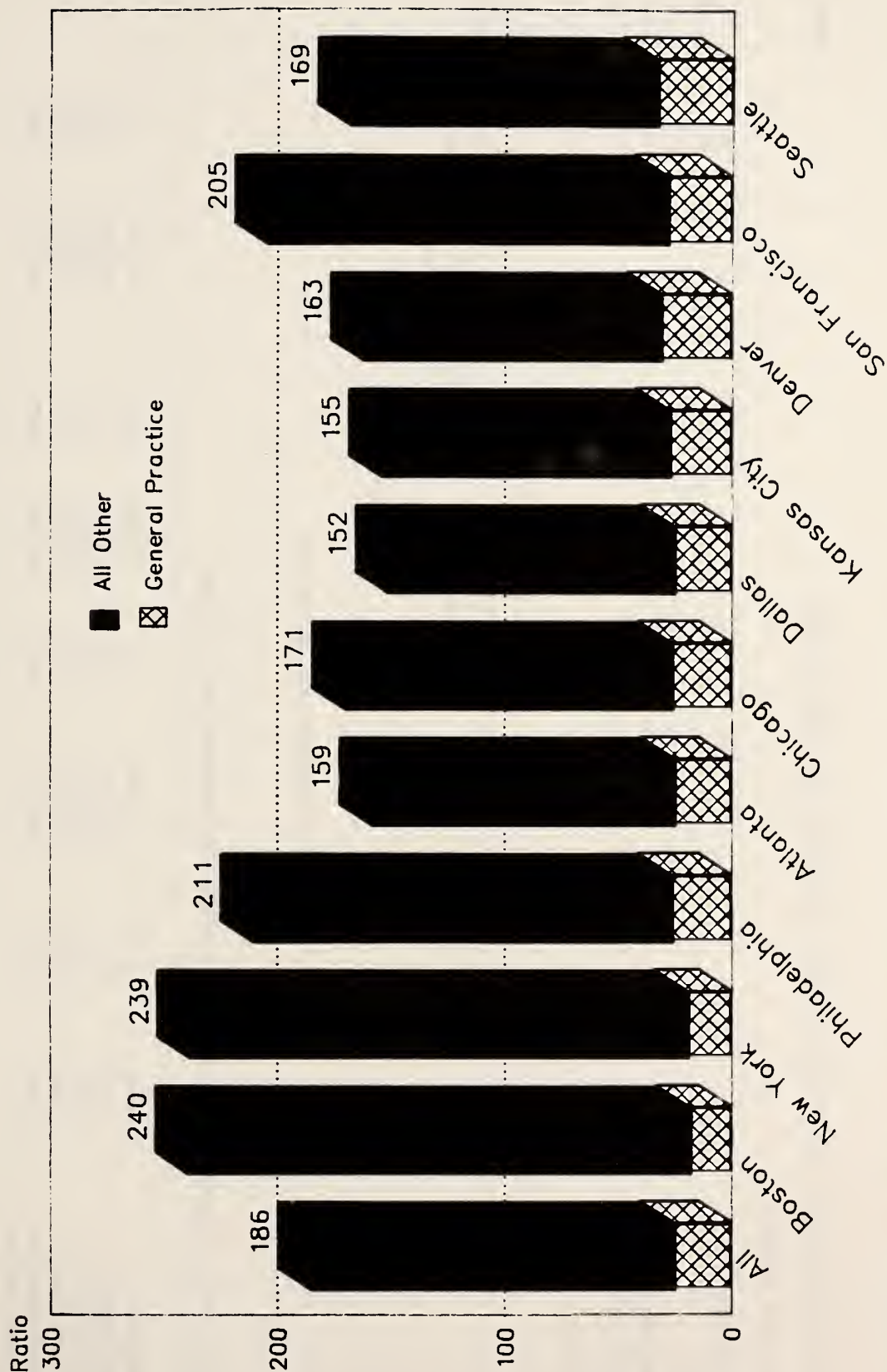
SOURCE: American Medical Association and Bureau of the Census

March 1990





# Ratio of Non-Federal Physicians, Involved in Patient Care, per 100,000 Civilian Population, 1987



SOURCE: American Medical Association/Bureau of the Census

March 1990



	1970		1985		1986		1987	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Non-Federal Physicians								
Active in Patient Care	255,027	100.0	431,527	100.0	444,705	100.0	461,217	100.0
Medical Specialties	60,968	23.9	132,519	30.7	139,957	31.5	147,815	32.0
Surgical Specialties	75,991	29.8	118,955	27.6	120,705	27.1	123,944	26.9
Other Specialties	63,970	25.1	117,109	27.1	120,537	27.1	124,314	27.0
General Practice	54,098	21.2	62,944	14.6	63,506	14.3	65,144	14.1

SOURCE: American Medical Association, Physician Characteristics and Distribution in the U.S., 1988.

	Mean Net Income in thousands <sup>1</sup>	Mean Expenses							
		Mean in thousands	Total	Non- Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
				Percent Distribution					
All Physicians	\$144.7	\$140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0
Specialty									
General/Family Practice	94.6	122.3	100.0	36.5	26.6	13.2	7.7	5.2	10.9
Internal Medicine	130.9	136.3	100.0	37.8	26.0	11.1	6.6	4.6	13.9
Surgery	207.5	188.2	100.0	32.6	23.2	9.2	14.1	5.6	15.2
Pediatrics	94.9	115.3	100.0	34.6	25.2	18.0	8.1	3.4	10.8
Obstetrics/Gynecology	180.7	189.6	100.0	34.0	22.7	9.8	18.6	3.9	11.1

<sup>1</sup> After expenses, before taxes.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1989.

March 1990

Physician Income and Expenses/Trends

Year	Mean Net Income in thousands <sup>1</sup>	Mean Expenses							
		Mean in thousands	Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
Percent Distribution									
1983	\$104.1	\$85.4	100.0	34.0	24.8	10.9	8.1	6.0	16.3
1984	108.4	94.0	100.0	33.2	26.0	11.4	8.9	5.9	14.7
1985	112.2	102.7	100.0	34.7	25.7	10.9	10.2	5.7	12.8
1986	119.5	118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0

<sup>1</sup>After expenses, before taxes.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1989.

March 1990

## IX. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.





Medicare Benefit Payments/State  
Fiscal Year 1988

	July 1, 1988 Medicare Enrollees in thousands	Program Payments <sup>1</sup> in millions	Average Payment per Enrollee	July 1, 1988 Medicare Enrollees in thousands	Program Payments <sup>1</sup> in millions	Average Payment per Enrollee
All Areas	32,980	\$85,704	\$2,599	761	2,029	2,665
United States <sup>2</sup>	32,297	85,319	2,642	113	244	2,160
Alabama	563	1,437	2,554	233	450	1,928
Alaska	22	56	2,565	121	299	2,475
Arizona	462	1,171	2,536	132	290	2,193
Arkansas	381	869	2,283			
California	3,152	9,631	3,055			
Colorado	334	727	2,176			
Connecticut	456	1,147	2,514			
Delaware	84	212	2,535			
District of Columbia	78	322	4,107			
Florida	2,201	5,965	2,711			
Georgia	699	1,753	2,508			
Hawaii	118	222	1,888			
Idaho	126	260	2,064			
Illinois	1,500	4,304	2,870			
Indiana	737	1,716	2,329			
Iowa	449	989	2,204			
Kansas	355	839	2,363			
Kentucky	518	1,208	2,334			
Louisiana	513	1,477	2,878			
Maine	178	384	2,162			
Maryland	517	1,580	3,055			
Massachusetts	850	2,394	2,815			
Michigan	1,190	3,505	2,946			
Minnesota	573	920	1,606			
Mississippi	357	818	2,288			
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						
U.S. Territories and Possessions						
Foreign Countries						

<sup>1</sup>Program payments for "All Areas" represent disbursements reported in the 1989 Trustees Report including all disbursements under fee-for-service and prepaid health plan arrangements. Distribution of program payments by State has been estimated from fee-for-service payments incurred for 1987. Data are shown by beneficiary's State of residence.

<sup>2</sup>Includes enrollees with unknown State of residence.

SOURCE: HCFA/OACT/BDMS

March 1990

Medical Assistance Payments/Expenditures

	1987			1988			1989		
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share		Total Payments Computable For Federal Funding	Net Adjusted Federal Share		Total Payments Computable For Federal Funding	Net Adjusted Federal Share	
TOTAL	\$47,637,196	\$26,198,011		\$51,623,926	\$29,023,220		\$57,856,184	\$32,651,923	
Alabama	412,047	308,984		466,782	342,718		538,718	394,433	
Alaska	106,535	52,898		102,789	54,200		131,108	69,021	
American Samoa	2,300	1,150		3,980	1,330		5,367	1,390	
Arizona	157,816	93,280		183,119	117,210		391,960	249,174	
Arkansas	406,997	301,734		428,310	318,002		515,521	382,447	
California	5,137,982	2,578,194		5,592,729	2,802,579		6,055,867	3,033,342	
Colorado	416,918	211,184		480,784	240,622		488,273	247,017	
Connecticut	730,783	366,064		834,642	418,089		1,002,148	502,098	
Delaware	92,817	46,243		100,926	52,996		114,149	60,212	
Dist. of Col.	357,595	179,315		379,191	189,945		352,443	176,457	
Florida	1,211,310	684,430		1,524,703	845,076		1,938,421	1,070,830	
Georgia	939,143	618,402		1,135,976	726,997		1,246,950	784,399	
Guam	3,837	1,830		4,110	2,056		3,329	1,680	
Hawaii	158,546	81,367		159,714	86,105		181,243	98,111	
Idaho	90,930	64,843		118,463	83,763		131,963	96,092	
Illinois	1,781,200	896,983		1,913,130	963,995		2,128,612	1,069,152	
Indiana	911,565	576,858		1,024,021	653,772		1,200,924	766,446	
Iowa	420,431	256,532		477,122	300,249		538,039	339,514	
Kansas	295,054	149,659		328,874	182,289		380,892	209,699	
Kentucky	629,947	445,124		714,100	516,812		829,989	606,029	
Louisiana	866,308	576,575		939,338	642,305		1,158,018	823,840	
Maine	298,106	205,619		325,389	218,618		366,140	244,469	
Maryland	814,220	409,395		931,263	468,455		1,001,725	503,300	
Mass. DPW	1,802,558	914,736		2,020,167	1,011,543		2,273,945	1,138,679	
Mass. BLIND	41,047	20,530		58,142	29,071		58,389	29,194	
Michigan	1,926,263	1,094,411		2,047,539	1,161,444		2,202,394	1,210,903	
Minnesota	1,105,734	592,223		1,183,381	640,402		1,261,347	671,306	
Mississippi	387,722	304,269		443,927	353,891		509,740	407,611	
Missouri	643,300	391,315		714,640	424,395		816,083	490,369	
Montana	148,108	100,177		152,127	105,932		168,741	119,430	
Nebraska	216,646	126,175		240,771	144,148		276,296	167,241	

Amount in thousands

Medical Assistance Payments/Expenditures - continued

	1987		1988		1989	
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share
Amount in thousands						
Nevada	88,439	44,301	96,587	48,827	110,045	55,295
New Hampshire	145,498	80,094	172,106	86,604	196,245	98,368
New Jersey	1,578,981	784,491	1,735,920	876,711	2,034,190	1,019,836
New Mexico	192,394	135,787	229,029	165,546	252,907	182,648
New York	9,211,523	4,499,161	9,668,055	4,844,632	10,498,736	5,262,444
North Carolina	827,918	573,309	965,734	664,487	1,177,162	802,695
North Dakota	165,148	94,184	159,504	105,858	173,233	116,222
N. Mariana Islands	909	455	926	463	1,097	548
Ohio	2,856,978	1,356,472	2,363,544	1,411,543	2,761,654	1,623,249
Oklahoma	535,413	322,477	593,235	377,747	648,572	431,867
Oregon	286,410	179,395	364,516	227,456	447,409	280,200
Pennsylvania	2,272,857	1,336,255	2,543,969	1,462,297	2,758,455	1,588,191
Puerto Rico	114,902	57,451	280,056	63,982	131,682	65,841
Rhode Island	297,144	167,213	333,756	183,248	347,889	209,665
South Carolina	440,746	318,857	472,300	347,525	576,477	421,648
South Dakota	116,488	80,348	125,984	90,066	144,497	104,026
Tennessee	840,105	595,995	1,003,877	709,441	1,137,975	798,791
Texas	1,928,995	1,042,234	2,017,215	1,152,794	2,261,340	1,341,569
Utah	189,626	138,945	197,972	145,059	216,156	159,722
Vermont	103,449	69,942	114,366	75,745	133,117	85,596
Virginia	687,501	365,965	776,332	399,381	868,194	445,301
Virgin Islands	3,612	1,806	4,394	2,111	4,252	2,126
Washington	795,561	425,677	932,412	498,705	1,012,250	540,396
West Virginia	269,158	195,422	314,147	235,163	346,040	263,551
Wisconsin	1,131,024	656,869	1,139,002	673,809	1,265,718	753,494
Wyoming	42,652	24,407	46,720	27,329	55,158	34,749

NOTES: Fiscal year data. Data for 1987 and 1988 were extracted from Line 11, Net Reported Expenditures, Form HCFA-64. Net Adjusted Federal Share includes HCFA adjustments. Data for 1989 were extracted from Form HCFA-25, Medicaid Program Budget Report, State estimates submitted November 1989.

SOURCE: HCFA/BOC

March 1990



	July 1, 1988			Enrollees as Percent of Population
	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population	
All Areas	N/A	132,980	--	
United States, Territories, and Possessions	249,395	32,720	13.1	
United States	245,807	32,297	13.1	
Alabama	4,102	563	13.7	
Alaska	524	22	4.2	
Arizona	3,489	462	13.2	
Arkansas	2,395	381	15.9	
California	28,314	3,152	11.1	
Colorado	3,301	334	10.1	
Connecticut	3,233	456	14.1	
Delaware	660	84	12.7	
District of Columbia	617	78	12.7	
Florida	12,335	2,201	17.8	
Georgia	6,342	699	11.0	
Hawaii	1,098	118	10.7	
Idaho	1,003	126	12.6	
Illinois	11,614	1,500	12.9	
Indiana	5,556	737	13.3	
Iowa	2,834	449	15.8	
Kansas	2,495	355	14.2	
Kentucky	3,727	518	13.9	
Louisiana	4,408	513	11.6	
Maine	1,205	178	14.7	
Maryland	4,622	517	11.2	
Massachusetts	5,889	850	14.4	
Michigan	9,240	1,190	12.9	
Minnesota	4,307	573	13.3	
Mississippi	2,620	357	13.6	
Missouri	5,141	761		14.8
Montana	805	113		14.0
Nebraska	1,602	233		14.6
Nevada	1,054	121		11.5
New Hampshire	1,085	132		12.2
New Jersey	7,721	1,066		13.8
New Mexico	1,507	167		11.1
New York	17,909	2,480		13.8
North Carolina	6,489	843		13.0
North Dakota	667	97		14.5
Ohio	10,855	1,491		13.7
Oklahoma	3,242	437		13.5
Oregon	2,767	403		14.6
Pennsylvania	12,001	1,902		15.9
Rhode Island	993	155		15.6
South Carolina	3,470	417		12.0
South Dakota	713	108		15.1
Tennessee	4,895	665		13.6
Texas	16,841	1,732		10.3
Utah	1,690	149		8.8
Vermont	557	72		13.0
Virginia	6,015	686		11.4
Washington	4,648	584		12.6
West Virginia	1,876	300		16.0
Wisconsin	4,855	695		14.3
Wyoming	479	49		10.2
Puerto Rico	3,291	414		12.6
Virgin Islands	103	7		6.8
Other Outlying Areas	3,194	2		0.8

<sup>1</sup>Includes the United States, its Territories and Possessions, and residents of foreign countries.

<sup>21</sup>Includes enrollees with unknown State of residence.

<sup>3</sup>Excludes Freely Associated States.

NOTE: Resident population for July 1, 1988 is a provisional estimate. Data for Other Outlying Areas are provisional. N/A indicates data are not available.

**SOURCE:** HCFA/BDMS and Bureau of the Census

March 1990

Medicaid Recipients/State

	July 1, 1988 Resident Population in thousands	1988 Medicaid Recipients in thousands	Recipients as Percent of Population	July 1, 1988 Resident Population in thousands	1988 Medicaid Recipients in thousands	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions						
United States	224,571.2	22,907	9.3	5,141	379	7.4
Alabama	3,245,807	21,628	8.8	805	81	10.1
Alaska	4,102	305	7.4	1,602	105	6.6
Arizona <sup>1</sup>	524	33	6.3	1,054	36	3.4
Arkansas	3,489	--	--	1,085	33	3.0
California	2,395	227	9.5			
	28,314	3,675	13.0			
Colorado	3,301	180	5.5	7,721	533	6.9
Connecticut	3,233	213	6.6	1,507	105	7.0
Delaware	660	37	5.6	17,909	2,212	12.4
District of Columbia	617	97	15.7	6,489	411	6.3
Florida	12,335	768	6.2	667	44	6.6
Georgia	6,342	537	8.5	10,855	1,118	10.3
Hawaii	1,098	91	8.3	3,242	245	7.6
Idaho	1,003	46	4.6	2,767	189	6.8
Illinois	11,614	1,043	9.0	12,001	1,086	9.0
Indiana	5,556	301	5.4	993	98	9.9
Iowa	2,834	228	8.0			
Kansas	2,495	170	6.8	3,470	263	7.6
Kentucky	3,727	413	11.1	713	41	5.8
Louisiana	4,408	433	9.8	4,895	479	9.8
Maine	1,205	119	9.9	16,841	1,062	6.3
Maryland	4,622	320	6.9	1,690	86	5.1
Massachusetts	5,889	555	9.4	557	51	9.2
Michigan	9,240	1,105	12.0	6,015	326	5.4
Minnesota	4,307	336	7.8	4,648	403	8.7
Mississippi	2,620	366	14.0	1,876	221	11.8
				4,855	403	8.3
				479	20	4.2
Puerto Rico				3,291	1,265	38.4
Virgin Islands				103	13	12.6

<sup>1</sup> Arizona operates a medical assistance program under a Section 1115 Demonstration project.

<sup>2</sup> Arizona is excluded.

<sup>3</sup> Arizona is included.

NOTES: Resident population for July 1, 1988 is a provisional estimate. Medicaid is fiscal year data.

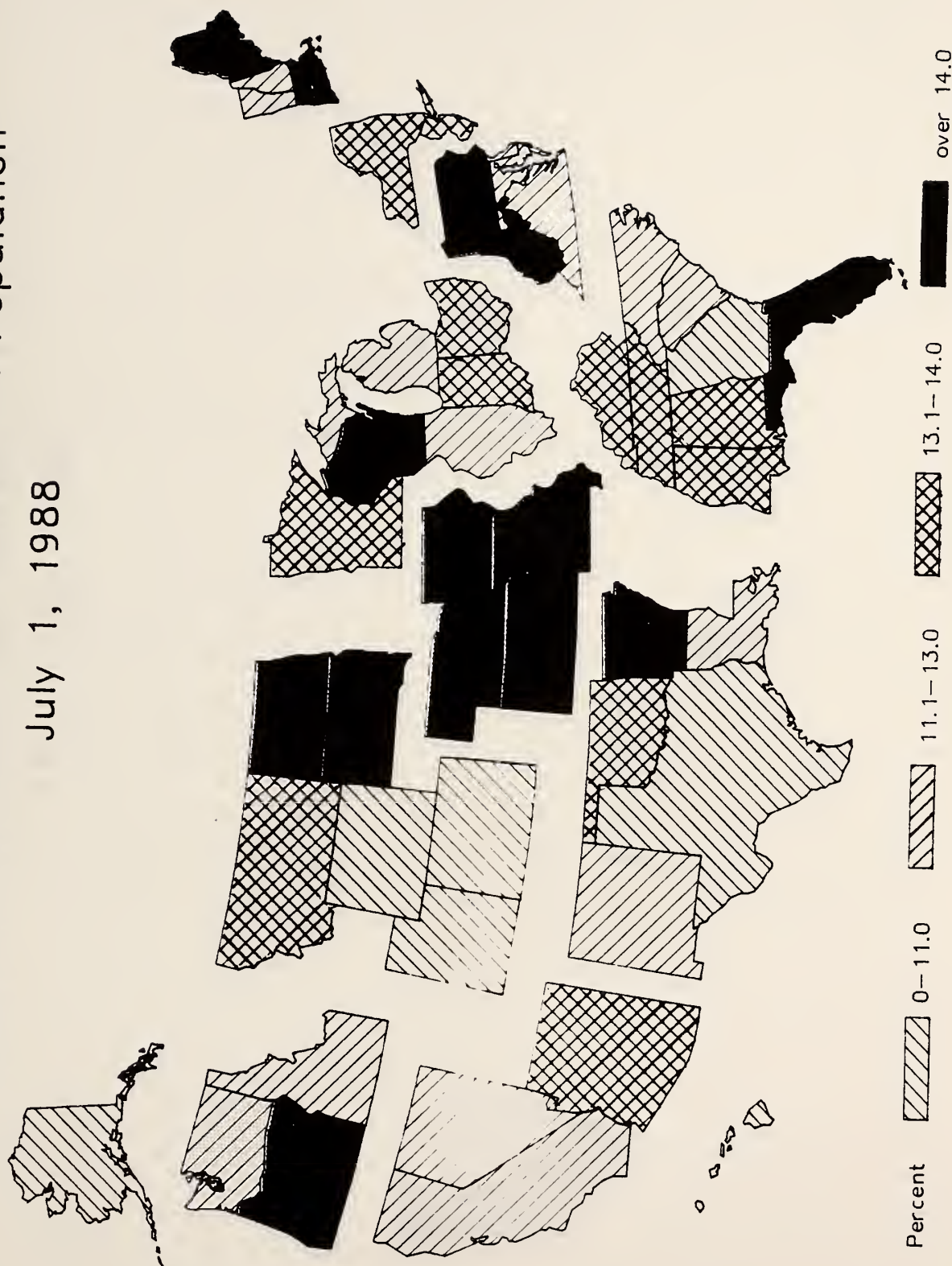
SOURCE: HCFA/BDMS and Bureau of the Census

March 1990



# Medicare Enrollment as Percent of Population

## July 1, 1988



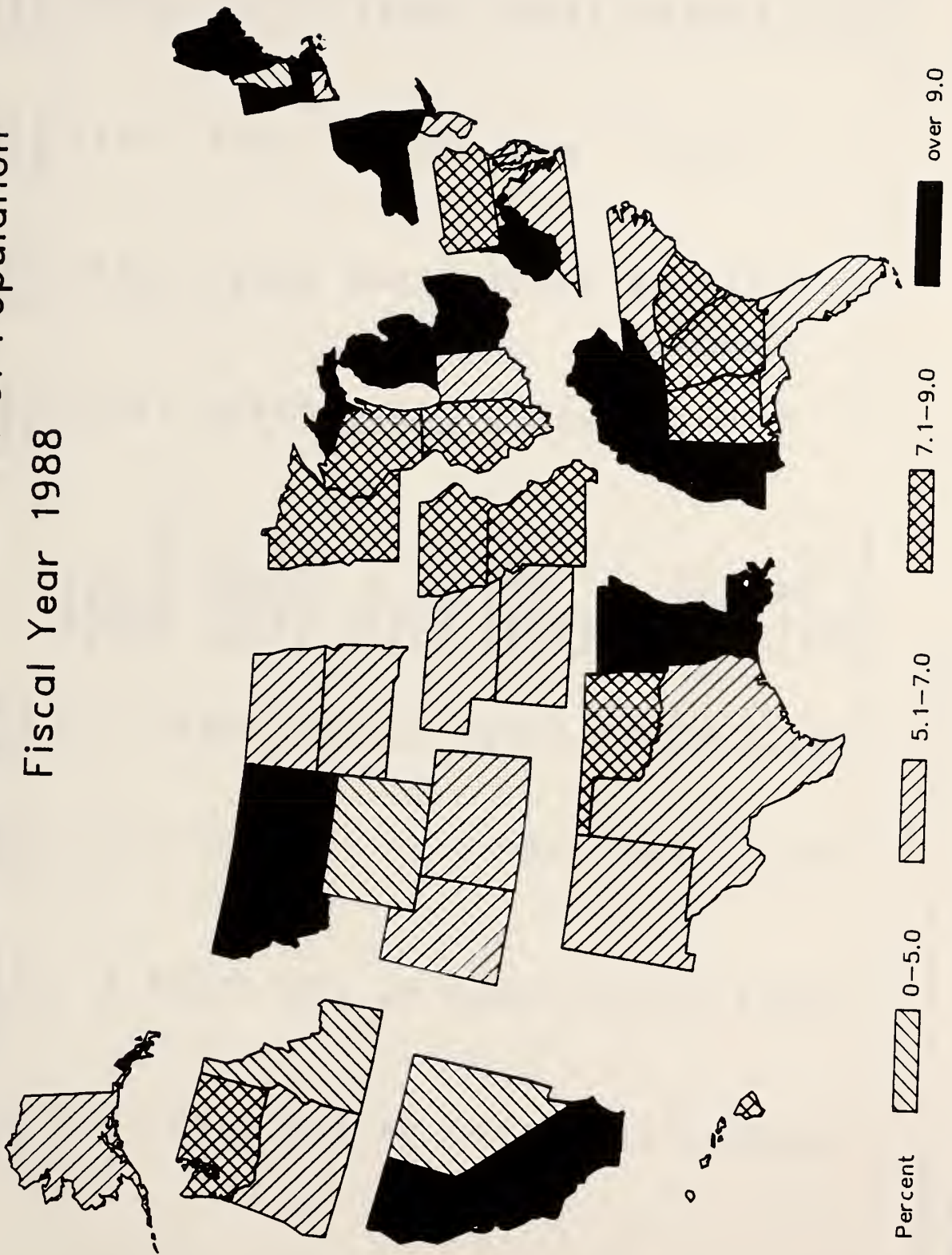
SOURCE: HCFA/BDMS and Bureau of the Census

March 1990





# Medicaid Recipients as Percent of Population Fiscal Year 1988



SOURCE: HCFA/BDMS and Bureau of the Census

March 1990



Area of Residence	Aged			Disabled			Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Area	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	22,154	754	2,108	696		Missouri	523	764	49	698		
United States	21,980	763	2,076	710		Montana	73	728	6	644		
Alabama	387	798	49	727		Nebraska	160	736	10	682		
Alaska	13	699	1	627		Nevada	67	649	7	640		
Arizona	307	755	25	660		New Hampshire	91	766	7	672		
Arkansas	259	779	29	669		New Jersey	752	776	64	746		
California	2,049	727	204	747		New Mexico	99	683	10	608		
Colorado	209	705	18	648		New York	1,799	801	167	752		
Connecticut	328	784	24	748		North Carolina	558	769	68	709		
Delaware	59	802	6	704		North Dakota	71	799	5	733		
District of Columbia	56	771	5	722		Ohio	1,043	790	101	690		
Florida	1,548	780	106	700		Oklahoma	301	760	24	663		
Georgia	463	777	67	745		Oregon	254	700	21	671		
Hawaii	63	603	6	680		Pennsylvania	1,384	804	116	743		
Idaho	90	794	6	653		Rhode Island	113	809	10	701		
Illinois	990	727	86	703		South Carolina	252	718	36	674		
Indiana	481	737	47	663		South Dakota	77	778	5	678		
Iowa	332	802	23	733		Tennessee	433	750	55	712		
Kansas	255	776	17	706		Texas	1,174	758	94	680		
Kentucky	333	753	44	657		Utah	101	749	7	683		
Louisiana	326	740	40	632		Vermont	52	800	5	745		
Maine	132	832	13	750		Virginia	465	778	53	735		
Maryland	367	793	32	730		Washington	394	756	33	706		
Massachusetts	592	762	47	701		West Virginia	194	759	27	653		
Michigan	853	816	94	748		Wisconsin	496	791	43	744		
Minnesota	290	551	26	666		Wyoming	33	742	2	651		
Mississippi	232	761	35	714		Puerto Rico	163	518	31	338		
						Other Outlying Areas	4	374	(1)	324		
						Foreign Countries	7	28	1	42		

<sup>1</sup> Less than 500.

NOTES: Calendar year data are preliminary. Rates are based on July 1, 1987 enrollment data.

SOURCE: HCFA/BDMS

March 1990



National/Community Hospital Care by, State, 1988

	Admissions in thousands	Average Stay in days	Occupancy Rate	Outpatient Visits in thousands		Admissions in thousands	Average Stay in days	Occupancy Rate	Outpatient Visits in thousands
United States	31,601	7.2	64.9	245,524	Missouri	762	7.5	63.0	4,877
Alabama	595	7.0	59.1	3,707	Montana	106	9.4	60.6	667
Alaska	40	5.7	52.3	292	Nebraska	197	9.6	55.4	1,520
Arizona	388	5.9	62.1	2,830	Nevada	110	6.0	52.3	730
Arkansas	343	6.6	58.3	1,718	New Hampshire	123	6.4	65.3	1,265
California	3,005	6.4	64.2	25,085	New Jersey	1,089	7.5	76.9	7,168
Colorado	340	6.9	60.1	3,543	New Mexico	159	5.7	58.8	1,474
Connecticut	368	7.3	75.6	3,441	New York	2,468	9.2	82.8	24,530
Delaware	79	6.9	75.0	777	North Carolina	753	7.2	68.9	4,740
District of Columbia	171	7.8	77.5	1,273	North Dakota	107	10.1	61.5	460
Florida	1,601	7.0	61.5	9,131	Ohio	1,585	6.9	64.0	14,276
Georgia	909	6.9	65.6	5,862	Oklahoma	397	6.7	57.2	1,831
Hawaii	96	7.9	79.6	587	Oregon	308	5.3	55.6	2,725
Idaho	98	6.5	56.3	923	Pennsylvania	1,806	7.5	70.3	16,319
Illinois	1,575	7.4	63.1	13,774	Rhode Island	123	8.0	79.5	925
Indiana	726	6.5	57.8	6,411	South Carolina	400	7.0	67.5	2,588
Iowa	388	8.2	59.1	3,642	South Dakota	102	9.2	57.5	518
Kansas	315	7.8	55.2	2,535	Tennessee	812	7.0	64.0	3,894
Kentucky	567	6.4	60.7	3,635	Texas	2,007	6.2	55.6	10,446
Louisiana	634	6.3	56.0	4,393	Utah	175	5.4	57.6	1,789
Maine	148	7.9	68.5	1,597	Vermont	59	7.4	65.8	507
Maryland	539	7.1	76.0	3,961	Virginia	709	7.1	67.2	4,603
Massachusetts	793	7.7	70.4	8,974	Washington	486	5.7	58.8	4,011
Michigan	1,148	7.3	64.8	12,349	West Virginia	296	6.8	59.7	2,386
Minnesota	528	9.0	63.2	3,542	Wisconsin	606	7.5	60.5	5,198
Mississippi	403	6.8	57.7	1,671	Wyoming	57	7.1	51.2	427

SOURCE: 1988 Annual survey data as reported in American Hospital Association's Hospital Statistics, 1989 Edition.

March 1990

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees	State	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Areas	5,582	33.5	926	4.5	Missouri	141	38.2	26	3.7
United States	5,522	33.5	923	4.5	Montana	60	32.4	4	1.7
					Nebraska	94	34.9	7	4.1
Alabama	118	42.0	10	1.8	Nevada	26	29.5	6	3.8
Alaska	21	73.5	2	13.5	New Hampshire	27	27.8	5	4.7
Arizona	70	26.6	18	4.2	New Jersey	93	30.9	23	4.8
Arkansas	84	32.6	14	3.8	New Mexico	43	29.3	14	5.0
California	468	31.4	78	2.8	New York	256	31.7	46	9.9
					North Carolina	133	33.1	20	5.5
Colorado	71	35.0	20	10.0	North Dakota	54	44.5	2	4.1
Connecticut	36	26.6	18	8.1	Ohio	187	37.8	31	5.0
Delaware	7	29.0	3	2.3	Oklahoma	128	38.5	18	4.1
District of Columbia	11	67.1	3	12.7	Oregon	68	23.4	6	1.2
Florida	221	27.2	58	2.2	Pennsylvania	229	24.8	55	5.2
					Rhode Island	13	24.3	5	7.9
Georgia	167	43.6	28	5.7	South Carolina	70	34.9	12	4.5
Hawaii	20	20.4	4	4.1	South Dakota	59	35.4	2	1.0
Idaho	44	24.5	7	2.8	Tennessee	137	46.1	16	2.7
Illinois	213	38.0	22	1.8	Texas	413	37.4	79	4.2
Indiana	115	38.8	29	3.1	Utah	40	30.1	10	7.2
Iowa	123	33.3	4	1.8	Vermont	16	31.9	2	2.7
Kansas	137	38.2	13	4.9	Virginia	101	36.4	25	4.5
Kentucky	105	37.7	16	4.3	Washington	98	25.1	7	3.5
Louisiana	140	50.3	31	8.3	West Virginia	61	39.7	6	1.2
Maine	39	27.4	3	3.1	Wisconsin	134	33.1	17	3.3
Maryland	51	30.0	18	9.3	Wyoming	27	39.9	4	3.2
Massachusetts	107	30.4	42	9.2	Puerto Rico	56	31.5	3	2.1
Michigan	180	33.3	17	2.5	Other Outlying Areas	4	73.2	0	0.0
Minnesota	157	34.7	10	4.0					
Mississippi	109	43.1	7	1.5					

NOTES: Facility data as of July 1, 1989. Aged enrollment data as of July 1, 1988.

SOURCE: HCFA/ORD/BDMS

March 1990

Medicare Skilled Nursing Facilities and Certified Beds by State, 1989

Facilities		Beds			
All Areas	8,198	491,286	Missouri	206	6,229
United States	8,190	490,939	Montana	83	3,592
Alabama	196	8,346	Nebraska	38	1,485
Alaska	7	441	Nevada	31	1,237
Arizona	120	2,810	New Hampshire	15	351
Arkansas	43	1,292	New Jersey	194	15,940
California	1,088	60,388	New Mexico	19	384
Colorado	117	3,404	New York	573	79,507
Connecticut	169	17,322	North Carolina	228	11,138
Delaware	30	1,962	North Dakota	60	4,290
District of Columbia	9	407	Ohio	475	37,068
Florida	439	19,909	Oklahoma	30	574
Georgia	129	6,505	Oregon	91	2,244
Hawaii	28	1,749	Pennsylvania	563	38,279
Idaho	67	2,380	Rhode Island	69	2,404
Illinois	360	9,908	South Carolina	112	8,607
Indiana	229	8,378	South Dakota	13	281
Iowa	53	1,358	Tennessee	117	5,814
Kansas	70	1,608	Texas	335	12,705
Kentucky	106	3,903	Utah	57	1,236
Louisiana	73	4,674	Vermont	19	670
Maine	20	507	Virginia	103	2,784
Maryland	146	13,790	Washington	144	3,556
Massachusetts	172	9,421	West Virginia	53	3,280
Michigan	314	22,557	Wisconsin	164	8,192
Minnesota	365	34,503	Wyoming	16	401
Mississippi	32	1,169	U.S. Territories and Possessions	8	347

NOTE: Facility data as of July 1989.

SOURCE: HCFA/ORD/BDMS

March 1990



SNFs Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State, 1989

	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded
United States	1,528	5,245	4,870	84	112	39
Alabama	2	11	8	2	7	3
Alaska	3	4	6	17	168	4
Arizona	--	4	3	--	3	3
Arkansas	123	77	10	--	58	13
California	141	36	324	87	16	11
Colorado	39	24	9	--	47	29
Connecticut	35	29	127	3	35	912
Delaware	2	7	12	--	43	109
District of Columbia	--	5	64	--	22	64
Florida	60	4	69	--	478	298
Georgia	75	28	11	1	365	26
Hawaii	1	12	20	2	79	7
Idaho	--	1	29	31	53	183
Illinois	148	250	182	--	30	118
Indiana	12	313	435	3	19	112
Iowa	2	404	34	52	48	17
Kansas	24	305	32	--	159	9
Kentucky	--	136	9	--	730	309
Louisiana	--	241	267	--	32	12
Maine	1	122	43	3	27	12
Maryland	--	57	8	--	113	22
Massachusetts	157	186	69	91	25	38
Michigan	6	111	325	--	65	33
Minnesota	1	89	338	210	30	41
Mississippi	103	18	12	7	7	--
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

NOTE: Facility data as of July 1989.

SOURCE: HCFA/ORD/BDMS

March 1990

Community Hospitals by State, 1988

	Hospitals	Beds	Beds per 1,000 Resident Population	Hospitals	Beds	Beds per 1,000 Resident Population
United States	5,533	946,697	3.9			
Alabama	120	18,768	4.6	Missouri	135	24,665
Alaska	16	1,218	2.3	Montana	58	4,476
Arizona	62	10,108	2.9	Nebraska	95	9,229
Arkansas	88	10,701	4.5	Nevada	22	3,434
California	464	81,727	2.9	New Hampshire	28	3,518
Colorado	79	10,657	3.2	New Jersey	92	28,690
Connecticut	36	9,662	3.0	New Mexico	38	4,089
Delaware	8	2,005	3.0	New York	246	74,682
District of Columbia	12	4,716	7.6	North Carolina	128	21,708
Florida	235	51,175	4.1	North Dakota	51	4,631
Georgia	164	25,434	4.0	Ohio	194	45,911
Hawaii	18	2,789	2.5	Oklahoma	115	12,865
Idaho	43	3,235	3.2	Oregon	71	7,970
Illinois	220	49,713	4.3	Pennsylvania	239	52,400
Indiana	115	22,831	4.1	Rhode Island	13	3,256
Iowa	127	14,616	5.2	South Carolina	72	11,348
Kansas	137	11,636	4.7	South Dakota	54	3,975
Kentucky	108	16,004	4.3	Tennessee	136	23,615
Louisiana	141	19,142	4.3	Texas	444	61,110
Maine	40	4,576	3.8	Utah	41	4,513
Maryland	53	13,422	2.9	Vermont	16	1,772
Massachusetts	108	23,224	3.9	Virginia	98	20,172
Michigan	177	34,590	3.7	Washington	96	12,436
Minnesota	158	20,599	4.8	West Virginia	58	8,704
Mississippi	108	13,298	5.1	Wisconsin	129	19,461
				Wyoming	27	2,221

Medicare Part B Participating Physicians/LLP's and Suppliers by State

	May 1986 Percent	January 1987 Percent	April 1988 Percent	January 1989 Percent
Alabama	54.9	59.5	63.9	66.4
Physicians/LLP's	63.0	68.8	73.5	75.9
Suppliers	24.8	25.8	30.1	32.6
Alaska	20.8	25.1	34.7	36.2
Physicians/LLP's	22.6	27.1	37.5	38.8
Suppliers	7.3	9.1	11.7	12.0
Arizona	18.0	27.0	36.7	38.9
Physicians/LLP's	18.5	28.1	38.7	41.2
Suppliers	13.7	15.2	18.2	17.9
Arkansas	33.3	39.5	47.1	49.2
Physicians/LLP's	34.7	42.0	50.9	53.1
Suppliers	26.4	27.0	28.3	30.0
California	38.0	37.5	46.1	50.9
Physicians/LLP's	39.7	38.9	48.5	54.0
Suppliers	25.0	20.7	27.2	28.0
Colorado	24.8	19.5	23.5	26.6
Physicians/LLP's	24.4	19.5	24.9	28.1
Suppliers	26.8	19.2	15.6	18.9
Connecticut	19.7	17.8	23.0	28.8
Physicians/LLP's	19.2	17.4	22.8	29.3
Suppliers	24.1	21.3	25.2	25.0
Delaware	26.2	27.4	33.8	34.2
Physicians/LLP's	29.7	31.2	37.4	37.5
Suppliers	8.8	9.0	14.6	16.1
District of Columbia	24.7	26.4	31.8	32.6
Physicians/LLP's	26.0	28.0	33.5	34.4
Suppliers	12.8	12.0	14.9	15.0
Florida	20.3	21.1	25.4	26.9
Physicians/LLP's	22.6	24.9	30.6	32.8
Suppliers	13.6	9.6	10.9	11.0
Georgia	28.3	26.7	32.8	48.7
Physicians/LLP's	27.9	25.8	32.5	49.7
Suppliers	30.4	32.0	34.3	35.1
Hawaii	39.0	44.6	50.8	50.9
Physicians/LLP's	41.7	47.8	53.7	53.7
Suppliers	11.4	10.2	15.7	15.6
Idaho	10.5	8.8	14.0	15.0
Physicians/LLP's	10.3	10.4	14.9	16.0
Suppliers	11.4	2.0	10.4	11.1

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	May 1986 Percent	January 1987 Percent	April 1988 Percent	January 1989 Percent
Illinois	20.7	25.1	33.8	36.8
Physicians/LLP's	21.8	26.7	36.4	40.0
Suppliers	13.7	15.1	16.8	17.6
Indiana	19.5	24.9	33.7	36.4
Physicians/LLP's	21.4	26.9	36.8	40.0
Suppliers	10.0	14.6	17.8	18.9
Iowa	35.8	24.7	42.4	43.9
Physicians/LLP's	38.2	25.1	43.7	45.3
Suppliers	27.4	23.5	36.8	37.8
Kansas	37.5	47.9	53.3	54.4
Physicians/LLP's	39.5	51.4	60.0	61.6
Suppliers	21.8	26.6	25.8	27.5
Kentucky	25.5	32.9	39.5	43.2
Physicians/LLP's	28.0	34.2	46.4	50.5
Suppliers	16.2	24.8	13.6	14.7
Louisiana	13.8	18.2	29.3	32.4
Physicians/LLP's	13.4	18.1	29.5	32.6
Suppliers	16.5	19.6	27.3	30.8
Maine	27.1	32.6	39.5	47.5
Physicians/LLP's	28.5	34.2	42.4	51.2
Suppliers	20.3	25.1	26.7	31.4
Maryland	28.0	28.8	36.6	40.7
Physicians/LLP's	28.5	30.1	38.5	42.8
Suppliers	24.9	20.1	22.8	25.6
Massachusetts	42.1	41.9	43.4	44.3
Physicians/LLP's	43.0	43.8	45.9	46.9
Suppliers	36.5	29.4	27.0	27.6
Michigan	35.3	31.1	36.5	39.7
Physicians/LLP's	37.1	32.7	38.3	41.7
Suppliers	22.6	19.7	23.3	24.7
Minnesota	19.9	21.5	23.9	24.1
Physicians/LLP's	20.7	22.4	25.4	25.4
Suppliers	15.7	16.8	16.0	17.3
Mississippi	20.8	21.4	28.5	31.1
Physicians/LLP's	22.8	23.6	30.1	33.4
Suppliers	14.8	14.4	23.8	23.8
Missouri	23.1	23.6	27.9	36.8
Physicians/LLP's	24.0	24.5	29.5	39.6
Suppliers	16.0	14.9	16.0	21.2



Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	May 1986 Percent	January 1987 Percent	April 1988 Percent	January 1989 Percent
Montana	13.2	15.5	17.5	18.9
Physicians/LLP's	13.9	17.0	19.9	21.5
Suppliers	11.2	11.3	10.8	11.9
Nebraska	22.1	24.5	40.6	35.9
Physicians/LLP's	23.8	25.7	48.2	42.5
Suppliers	19.3	22.0	23.8	21.4
Nevada	25.4	32.0	43.6	53.1
Physicians/LLP's	26.8	33.5	46.0	57.0
Suppliers	11.7	15.7	20.2	22.3
New Hampshire	26.7	25.4	27.7	27.3
Physicians/LLP's	27.2	25.9	28.4	28.0
Suppliers	24.0	23.0	24.1	23.9
New Jersey	20.2	22.1	27.1	25.4
Physicians/LLP's	20.6	22.7	28.2	26.0
Suppliers	18.5	18.9	21.6	21.3
New Mexico	14.3	20.9	23.7	32.0
Physicians/LLP's	13.8	20.8	25.9	36.3
Suppliers	18.2	21.4	14.0	11.9
New York	20.3	24.5	28.1	29.4
Physicians/LLP's	19.9	24.1	28.4	29.8
Suppliers	23.9	28.4	25.0	24.3
North Carolina	31.5	28.3	36.1	48.7
Physicians/LLP's	34.3	31.4	40.7	54.2
Suppliers	16.2	12.8	13.2	20.0
North Dakota	13.4	17.6	26.6	27.2
Physicians/LLP's	13.8	20.5	30.8	31.7
Suppliers	12.2	11.4	16.2	16.2
Ohio	25.0	27.5	38.4	42.7
Physicians/LLP's	26.4	28.9	41.8	46.8
Suppliers	18.2	19.2	18.7	19.8
Oklahoma	14.5	17.9	24.2	27.4
Physicians/LLP's	16.6	20.8	27.9	31.6
Suppliers	7.1	7.4	11.2	11.6
Oregon	21.3	24.4	30.6	34.3
Physicians/LLP's	22.8	26.1	32.8	36.9
Suppliers	12.6	13.8	15.5	15.6
Pennsylvania	42.7	35.6	34.9	37.1
Physicians/LLP's	45.6	32.1	36.6	39.0
Suppliers	24.3	19.5	23.2	23.7

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	May 1986 Percent	January 1987 Percent	April 1988 Percent	January 1989 Percent
Rhode Island	43.2	45.1	48.8	52.9
Physicians/LLP's	48.1	50.8	55.0	58.8
Suppliers	19.2	15.5	15.5	18.5
South Carolina	15.6	22.7	36.1	40.2
Physicians/LLP's	16.8	25.3	37.6	42.1
Suppliers	9.6	11.0	22.4	22.7
South Dakota	8.9	12.2	16.3	17.7
Physicians/LLP's	6.9	12.7	17.6	20.0
Suppliers	12.0	11.3	13.9	13.4
Tennessee	<sup>1</sup> 34.2	39.4	48.8	51.8
Physicians/LLP's	<sup>1</sup> 37.4	43.4	54.9	57.6
Suppliers	<sup>1</sup> 19.5	20.7	20.6	23.0
Texas	13.5	18.3	24.3	26.9
Physicians/LLP's	14.1	19.4	26.0	28.9
Suppliers	9.4	10.3	12.7	13.9
Utah	34.0	39.8	48.7	51.5
Physicians/LLP's	36.1	42.2	50.4	54.7
Suppliers	21.0	23.8	26.4	27.0
Vermont	37.6	33.6	37.6	39.4
Physicians/LLP's	38.2	34.1	38.5	40.5
Suppliers	32.9	29.4	30.7	31.1
Virginia	28.6	32.4	37.2	38.8
Physicians/LLP's	29.5	33.6	39.1	40.9
Suppliers	21.4	22.6	21.7	21.5
Washington	22.1	27.0	33.2	29.0
Physicians/LLP's	21.8	26.9	35.4	31.4
Suppliers	25.1	27.7	18.8	15.1
West Virginia	30.8	35.0	48.1	53.3
Physicians/LLP's	33.0	37.5	53.2	59.1
Suppliers	21.4	23.7	24.7	26.8
Wisconsin	37.3	35.8	38.6	39.0
Physicians/LLP's	37.5	35.1	39.0	40.0
Suppliers	<sup>2</sup> 36.9	38.0	37.5	35.9
Wyoming	15.8	18.1	18.1	17.6
Physicians/LLP's	16.9	20.3	20.1	19.3
Suppliers	12.2	11.3	12.6	12.4

<sup>1</sup>Based on revised data submitted by the carrier (previously submitted 22.1, 22.4, 21.3).

<sup>2</sup>Based on revised data submitted by the carrier (previously submitted 26.4).

NOTE: LLP's are Limited License Practitioners.

SOURCE: HCFA/BPO

March 1990



Medicare Part B/Assignment Rate by Carrier  
Fiscal Year 1989

Carrier	Assignment Rate	Carrier	Assignment Rate
All Regions	79.3		
Boston Region	90.0	Dallas Region	75.5
Connecticut-Travelers	80.5	Arkansas B/S	85.1
Massachusetts B/S		Louisiana-Arkansas B/S	79.4
Massachusetts	97.8	New Mexico-Aetna	73.9
Tri-State	79.4	Oklahoma-Aetna	65.8
Maine	87.2	Texas B/S	74.5
New Hampshire	65.5		
Vermont	87.1	Kansas City Region	71.2
Rhode Island B/S	94.9	Iowa B/S	65.5
		Nebraska	63.0
New York Region	80.5	Kansas B/S	84.2
New Jersey-Prudential	66.2	Nebraska-Kansas B/S	62.5
New York-Binghamton B/S	82.8	Missouri-Kansas City B/S	83.7
New York-Empire B/S	79.4	Missouri-General American	66.6
New York-Group Health	82.2		
Puerto Rico B/S	94.3	Denver Region	64.5
Puerto Rico	94.3	Colorado B/S	70.4
Virgin Islands	53.1	Montana B/S	55.5
		North Dakota B/S	55.5
Philadelphia Region	86.0	North Dakota	59.2
Maryland B/S	87.8	South Dakota	52.0
New Jersey-Pennsylvania B/S	70.4	Utah B/S	74.6
Pennsylvania B/S	91.8	Wyoming-Equicor, Inc.	50.4
Delaware	84.6		
District of Columbia	85.1	San Francisco Region	81.3
Pennsylvania	92.7	Arizona-Nevada-Aetna	76.2
Pennsylvania-Lab.	100.0	Arizona	72.8
Virginia-Travelers	81.4	Nevada	90.3
		California B/S	77.7
Atlanta Region	79.9	California-Occidental(Non-P&E)	86.0
Alabama B/S	88.2	California-Occidental(P&E)	99.0
Florida B/S	79.0	Hawaii-Aetna	80.8
Georgia-Aetna	79.9		
Georgia-Prudential	78.4	Seattle Region	60.3
Kentucky B/S	80.9	Alaska-Oregon-Aetna	61.9
Mississippi-Travelers	82.1	Alaska	79.2
North Carolina-Equicor	78.3	Oregon	61.2
North Carolina-Prudential	79.0	Idaho-Equicor, Inc.	43.3
South Carolina B/S(Non-P&E)	76.4	Washington B/S	62.2
South Carolina B/S(P&E)	99.0		
Tennessee-Equicor, Inc.	77.5	RRB-Travelers	75.8
Chicago Region	77.4	Aetna	73.1
Illinois B/S (HCSC)	72.1	Equicor, Inc.	75.3
Indiana B/S	72.8	Prudential	72.6
Michigan B/S	91.9	Travelers (RRB excluded)	79.2
Minnesota B/S	48.0		
Minnesota-Travelers	64.8		
Nationwide	78.9		
Ohio	77.4		
West Virginia	88.1		
Wisconsin B/S	67.0		



## X. REFERENCE

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.



## Financing of Medicare Programs

### Source of Income

#### HI Trust Fund

1. Payroll taxes \*
2. Transfers from railroad retirement account
3. General revenue for
  - a. uninsured persons
  - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

- \* Contribution rate
- |                               |       |
|-------------------------------|-------|
| Employees and employers, each | 1.45% |
| Self employed                 | 2.90% |

Maximum taxable amount (CY 1990)	\$51,300
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#### Voluntary HI Premium

Monthly Premium (1990) : \$175

#### SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

#### Part B Premium

Monthly Basic Premium (1990) : \$28.60

SOURCE: HCFA/OACT

March 1990

**Financing of Medicaid Programs  
Fiscal Year 1991**

**Federal Contributions:**

	<b>Percent</b>
1. Medical Vendor Payments	50-80
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility Inspectors	
a. Salaries, Travel, and Training	75
b. All Other Costs	50
7. Skilled Professional Medical Personnel	75
8. State Medicaid Fraud and Abuse Units	75
9. PRO Performance Review	75
10. Systematic Alien Verification for Entitlements System	100
11. Nurse's Aide Training and Competency Evaluation	
a. July 1, 1988 through June 30, 1990	75-90
b. After June 30, 1990	50
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100

SOURCE: HCFA/BQC

March 1990



	Hospital Insurance				Supplementary Medical Insurance			
	Hospital Insurance Covers All Expenses in "benefit period" Except -							
	Inpatient Hospital Daily Coinsurance		Skilled Nursing Facility Daily Coinsurance after 20 Days (1/8 x IHD)		Annual Deductible		Monthly Premiums	
	Inpatient Hospital Deductible (IHD) Covers First 60 Days	61st Through 90th Days (1/4 x IHD)	Lifetime Reserve Days after 90 Days (1/2 x IHD)	Hospital Insurance Monthly Premium <sup>1</sup>	Coinsurance	For Enrollee (aged and disabled) <sup>2</sup>	Government Amounts Aged	Disabled
	Beginning January unless otherwise noted				Beginning July unless otherwise noted			
				July				
July 1966	\$40	\$10	(3)	--	20%	\$3.00	\$3.00	--
1967	--	--	(3)	--	--	--	--	--
1968	--	--	\$20	--	--	--	--	--
April 1968	--	--	--	--	(4)	4.00	4.00	--
1969	44	11	22	--	--	--	--	--
1970	52	13	26	--	--	5.30	5.30	--
1971	60	15	30	--	--	5.60	5.60	--
1972	68	17	34	--	--	5.80	5.80	--
1973	72	18	36	--	(5) (6)	6.30	6.30	--
1974	84	21	42	\$33	--	7.30	7.30	\$22.70
1975	92	23	46	36	--	6.70	6.70	29.30
1976	104	26	52	40	--	8.30	8.30	30.30
1977	124	31	62	45	--	7.20	7.20	30.80
1978	144	36	72	54	--	7.70	7.70	42.30
1979	160	40	80	63	--	8.20	8.20	16.90
1980	180	45	90	69	--	8.70	8.70	18.60
1981	204	51	102	78	--	9.60	9.60	18.10
1982	260	65	130	89	(9)	11.00	11.00	23.00
1983	304	76	152	113	(10)	12.20	12.20	34.20
1984	356	89	178	111	--	--	--	72.00
1985	400	100	200	5155	--	514.60	41.80	80.00
1986	492	123	246	174	--	15.50	543.80	594.00
1987	520	130	260	214	--	15.50	46.50	89.90
1988	540	135	270	226	--	15.50	46.50	66.10
1989	560	0	0	234	--	17.90	53.70	88.10
1990	592	148	296	156	--	24.80	74.40	72.40
				175	--	31.90	83.70	40.70
					--	28.60	85.80	59.60

<sup>1</sup>Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.

<sup>2</sup>Beginning July 1973 for the disabled.

<sup>3</sup>Benefit not provided.

<sup>4</sup>Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance.

<sup>5</sup>Beginning in January for current and succeeding years.

<sup>6</sup>Home health services not subject to coinsurance.

<sup>7</sup>Monthly premium for July and August 1973 was reduced to \$5.80 and \$6.10, respectively, by the Cost of Living Council.

<sup>8</sup>Home health services not subject to deductible.

<sup>9</sup>Same as footnote 4, but only when physician accepts assignment.

<sup>10</sup>Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

<sup>11</sup>The Secretary of HHS promulgated a monthly premium of \$132 for noninsured enrollees for the period beginning July 1983. However, P.L. 98-21 subsequently provided that the monthly premium of \$113 for noninsured enrollees continue to apply until December 31, 1983.

SOURCE: HCFA/OACT

March 1990

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates**

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate <sup>1</sup>	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
Changes scheduled in present law:			
1991 and later	Subject to automatic increase	1.45	2.90

<sup>1</sup>Percent of taxable earnings.

SOURCE: HCFA/OACT

March 1990

Title XIX

Federal Medical Assistance Percentages

	1988	1989	1990	1991		1988	1989	1990	1991
Alabama	73.29	73.10	73.21	72.73	Missouri	59.27	59.96	59.18	59.82
Alaska	50.00	50.00	50.00	50.00	Montana	69.40	70.62	71.35	71.73
Arizona	62.12	62.04	60.99	61.72	Nebraska	59.73	60.37	61.12	62.71
Arkansas	74.21	74.14	74.58	75.12	Nevada	50.25	50.00	50.00	50.00
California	50.00	50.00	50.00	50.00	New Hampshire	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	52.11	53.59	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	71.52	71.54	72.25	73.38
Delaware	51.90	52.60	50.00	50.00	New York	50.00	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	50.00	North Carolina	68.68	68.01	67.46	66.60
Florida	55.39	55.18	54.70	54.46	North Dakota	64.87	66.53	67.52	70.00
Georgia	63.84	62.78	62.09	61.34	Ohio	59.10	58.98	59.57	59.93
Hawaii	53.71	53.99	54.50	54.14	Oklahoma	63.33	66.06	68.29	69.65
Idaho	70.47	72.71	73.32	73.65	Oregon	62.11	62.44	62.95	63.50
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	57.35	57.42	56.86	56.64
Indiana	63.71	63.71	63.76	63.24	Rhode Island	54.85	55.88	55.15	53.74
Iowa	62.75	62.95	62.52	63.41	South Carolina	73.49	73.08	73.07	72.58
Kansas	55.20	54.93	56.07	57.35	South Dakota	70.43	71.02	70.90	71.69
Kentucky	72.27	72.89	72.95	72.96	Tennessee	70.64	70.17	69.64	68.57
Louisiana	68.26	71.07	73.12	74.48	Texas	56.91	59.04	61.23	63.53
Maine	67.08	66.68	65.20	63.49	Utah	73.73	73.86	74.70	74.89
Maryland	50.00	50.00	50.00	50.00	Vermont	66.23	63.92	62.77	61.97
Massachusetts	50.00	50.00	50.00	50.00	Virginia	51.34	51.20	50.00	50.00
Michigan	56.48	54.75	54.54	54.17	Washington	53.21	53.06	53.88	54.21
Minnesota	53.98	53.07	52.74	53.43	West Virginia	74.84	76.14	76.61	77.00
Mississippi	79.65	79.80	80.18	79.93	Wisconsin	58.98	59.31	59.28	59.62
					Wyoming	57.96	62.61	65.95	68.14
					Territories <sup>1</sup>	50.00	50.00	50.00	50.00

<sup>1</sup>Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico, and Virgin Islands. Subject to Federal CAP.

NOTES: Fiscal year data. The Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the Federal medical assistance percentages, effective for fiscal year 1987 and thereafter.

SOURCE: HCFA/BQC

March 1990



October 1, 1989

## March 1990

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under age 21 are not shown on this chart.

1. Federal Medical Assistance Percentage (FMAP). Rate of Federal Financial Participation in a State's Medical Assistance Program under the Affordable Social Security Act. Effective October 1, 1991 through September 30, 1999 (Fiscal Year 1998) was 75.00%. Effective October 1, 2000 through September 30, 1999 (Fiscal Year 1998) was 75.00%.

**SOURCE:** HCFA/IGA

<b>ALABAMA</b> Added:	Inpatient Psychiatric Services for Under Age 21 for CN	<b>KANSAS</b> Added:	Dentures for CN and MN Rehabilitative Services for CN and MN Hospice Care Services for CN and MN	<b>SOUTH CAROLINA</b> Added:	Other Practitioners' Services for CN Private Duty Nursing for CN ICF Services for Age 65 and Older in IMDs
<b>ARIZONA</b> Added:	Private Duty Nursing for CN Occupational Therapy for CN Intermediate Care Facility Services for CN SNF for Under Age 21 for CN Personal Care Services for CN Hospice Care Services for CN	<b>KENTUCKY</b> Added:	Case Management Services for CN and MN	<b>Deleted:</b>	Case Management Services for CN
<b>ARKANSAS</b> Added:	Physical Therapy for CN and MN Occupational Therapy for CN and MN Speech, Hearing and Language Disorders for CN and MN	<b>LOUISIANA</b> Added:	Podiatrists' Services for CN Other Practitioners' Services for CN Private Duty Nursing for CN and MN Dental Services	<b>SOUTH DAKOTA</b> Deleted:	Case Management Services for CN
<b>CALIFORNIA</b> Added:	Hospice Care Services for CN and MN	<b>MAINE</b> Added:	Other Practitioners' Services for CN and MN	<b>TENNESSEE</b> Added:	Other Practitioners' Services for CN and MN Hospice Care Services for CN and MN
<b>COLORADO</b> Added:	Private Duty Nursing for CN Prosthetic Devices for CN Case Management Services for CN Dental Services for CN	<b>MICHIGAN</b> Added:	Screening Services for CN and MN	<b>TEXAS</b> Added:	Clinic Services for CN and MN Case Management Services for CN and MN
<b>Deleted:</b>		<b>MINNESOTA</b> Added:	Case Management Services for CN and MN	<b>UTAH</b> Added:	Private Duty Nursing for CN and MN Diagnostic Services for CN and MN Rehabilitative Services for CN and MN Hospice Care Services for CN and MN
<b>DELAWARE</b> Added:	Rehabilitative Services for CN	<b>MISSISSIPPI</b> Added:	Other Practitioners' Services for CN Case Management Services for CN	<b>Deleted:</b>	ICF Services for Age 65 or Older in IMDs for MN Intermediate Care Facility Services for MN ICF Services for Mentally Retarded for MN
<b>Deleted:</b>	SNF Services for Age 65 or Older in IMDs for CN	<b>MISSOURI</b> Added:	SNF Services for Under Age 21 for CN Hospice Care Services for CN	<b>VIRGINIA</b> Added:	Other Practitioners' Services for CN and MN Private Duty Nursing for CN and MN Rehabilitative Services for CN and MN Inpatient Hospital Services for Age 65 or Older in IMDs for CN and MN SNF Services for Age 65 or Older in IMDs for CN and MN ICF Services for Age 65 or Older in IMDs for CN and MN ICF Services for Mentally Retarded for CN and MN
<b>FLORIDA</b> Added:	Other Practitioners' Services for CN and MN	<b>MONTANA</b> Added:	Hospice Care Services for CN and MN	<b>WASHINGTON</b> Added:	Case Management Services for MN
<b>Deleted:</b>	Christian Science Nurses for CN and MN Christian Science Sanatoriums for CN and MN	<b>NEBRASKA</b> Deleted:	Hospice Care Services for CN and MN	<b>WEST VIRGINIA</b> Added:	Personal Care Services for CN and MN
<b>GEORGIA</b> Added:	Prosthetic Devices for CN and MN Hospice Care Services for CN and MN	<b>NEW MEXICO</b> Added:	Eyeglasses for CN	<b>WISCONSIN</b> Deleted:	Case Management Services for MN
<b>Deleted:</b>	Speech, Hearing and Language Disorders for CN and MN	<b>N. MARIANA ISLANDS</b> Deleted:	Speech, Hearing and Language Disorders for CN and MN Personal Care Services for CN and MN	<b>WYOMING</b> Added:	Prescribed Drugs for CN Transportation Services for CN
<b>IDAHO</b> Added:	Hospice Care Services for CN	<b>OREGON</b> Added:	Christian Science Sanatoriums for CN Transportation Services for CN and MN		
<b>IOWA</b> Added:	Personal Care Services for CN Case Management Services for CN and MN	<b>PENNSYLVANIA</b> Added:	Dentures for CN and MN Prosthetic Devices for CN and MN Hospice Care Services for CN and MN Dental Services for MN		
<b>Deleted:</b>	Emergency Hospital Services for CN and MN Personal Care Services for MN	<b>Deleted:</b>			

CN - Categorically Needy  
MN - Medically Needy





**A Survey of Medicare Beneficiary Satisfaction  
1989**

- o Overall, beneficiaries appear very satisfied with Medicare.

Eighty-five percent can get information about their benefits when they need it.

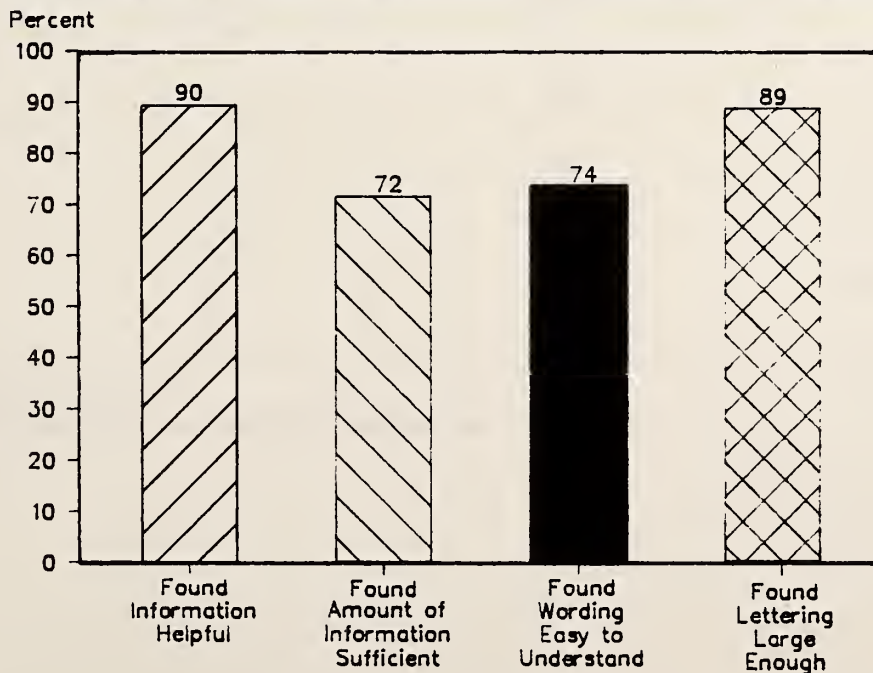
Ninety percent find the information they receive about Medicare to be helpful.

Seventy-four percent think claims are paid quickly enough.

Eighty-eight percent of the beneficiaries who submit their own claims are satisfied with the way Medicare processes them.

- o Sixty-five percent of the beneficiaries either were not aware of or did not understand the Catastrophic Health Care Coverage Act.
- o Seventy-two percent of the beneficiaries indicate they do not have a way to cover the cost of long-term care should it be needed.
- o Few beneficiaries know about special services Medicare offers, such as hospital mortality data and nursing home reports.

**Beneficiaries Found Medicare Information Helpful**





Social Security Cash Benefits  
Average Retired Worker's Benefit (Individuals)

Year	Average Monthly Benefit <sup>1</sup>	Statutory and Automatic Increase	
		Effective Date	Percent Increase
1970	\$118	1/70	15.0
1971	132	1/71	10.0
1972	162	9/72	20.0
1973	166		
1974	188	6/74	11.0
1975	207	<sup>2</sup> 6/75	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2
1988	537	12/88	4.0
1989	567	12/89	4.7

<sup>1</sup>As of December of each year.

<sup>2</sup>Increases as of 6/75 through 6/82 were automatic in June of each year.

SOURCE: SSA/OACT

March 1990



U.S. Department of Health and Human Services  
Health Care Financing Administration  
Bureau of Data Management and Strategy  
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